

The Public Health Nurse

Volume XVIII

November, 1926

Number 11

Present Status of Whooping Cough

Lawrence W. Smith, M.D.

Tuberculosis Standards in a Generalized Nursing Program

A New Book on Social Work—by Townsend

Briefly stated, this new book aims: To make the student aware of the complexity of human relationships and to cultivate an understanding of the individual; to help the student recognize symptoms of social inadequacy and to employ those forms of thinking which lead most quickly to a solution of the problem; to acquaint her with the usual resources of service in a community and to enlarge her idea of what may be done to help human distress and prevent social ills; to impress her with the worth of special services and how their co-operation with one another will release human capacity—the goal of social work.

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The Family Standard of Living
Scientific Approach to a Problem
Diagnosis and Treatment of a Family Problem
Family Social Work Under Public or Private Auspices

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The PUBLIC HEALTH NURSE

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EDITORIAL

THE PUBLIC HEALTH NURSE as a magazine for everyone interested in public health nursing will continue to be the official publication of the N.O.P.H.N., even though after January 1st it will be on a subscription instead of a membership basis.

It might be well briefly to restate its history. In 1909 the first number of the *Visiting Nurse Quarterly* was published in Cleveland by a Committee on Printing of the Cleveland Visiting Nurse Association with Miss Annie M. Brainard as Chairman and Mrs. John Lowman as Editor. In 1912, when the National Organization for Public Health Nursing came into being, the Committee and the Cleveland Visiting Nurse Association presented the *Quarterly* to the N.O.P.H.N., the editorial staff continuing as in the past, with the publication office in Cleveland. In 1918 the magazine was made a monthly publication. In 1923 the

magazine was transferred to the New York headquarters.

In the early days of its existence THE PUBLIC HEALTH NURSE was the only magazine through which public health nurses could communicate with each other concerning their problems, methods, and advances. Since about 1908 the rapid expansion of public health nursing in all its forms has brought about remarkable changes. It is apparent that this branch of the nursing profession has widespread popular appeal, and within the last few years material on public health nursing has been sought for by other national journals. THE PUBLIC HEALTH NURSE, however, remains unique in its field as a comprehensive and authoritative channel for current knowledge of public health nursing in its relation to public health. It will continue as in the past to carry on the service which it has built up since the initial number appeared in 1909.

ANNUITIES FOR NURSES

Another milestone in the nursing profession was reached October 6, 1926, when Mr. William E. Harmon announced the offer of the Harmon Foundation to finance the establishment of a mutual Nurses' National Annuity Association to provide for adequate retirement annuities for superannuated nurses, through joint contributions of each nurse and her employer.

Mr. and Mrs. Harmon had invited to the dinner conference, at which this announcement was made, representative nurses, including among others Miss Wald, Miss Nutting, Miss Goodrich, Mrs. Hansen, and others interested in the training, professional status and welfare of nurses, as well as representatives from the Carnegie Teachers Annuity Fund and from the Metropolitan Life Insurance Company. Tentative plans were presented and the needs and some of the difficulties to be met were freely discussed by the whole group.

In this offer there is no thought whatever of charity, but simply a pro-

posal to set up the necessary machinery to study the whole problem, to draft some feasible plan and to put it into effect through cooperation with some well-established insurance company.

National and local nursing associations and probably every individual nurse have at various times put much thought and heartache into such a project, but the difficulties have always seemed insurmountable. Now, with this announcement of help from one who has such sympathetic interest in and understanding of nurses, we have every reason to hope that we may soon announce a plan by which nurses may provide for the years when they are no longer able to earn a living by their profession.

As a result of this relief from worry over the future we should be able to give far better service during the active years. While we are waiting for further announcements of the Harmon plan from the Harmon Foundation, let us be grateful for our new-found friend and pledge our loyal and earnest support to the development of the proposed plan.

The bill, H. R. 7555, pending in Congress, which provides for an extension of the authorized Sheppard-Towner appropriation for two years, was passed by the House last spring by a large vote; it went to the Senate and was referred to the Education and Labor Committee which reported it out with an amendment providing for a one-year extension only. The friends of the bill favor the House bill and will urge defeat of the Senate committee amendment. The bill is on the calendar in the Senate for action at the short session of Congress this winter.

It is very important that it should be passed before the Christmas recess, because the majority of state legislatures will meet the first of January and, for the preparation of estimates, state officers need to know what the Federal Government is going to do.

B. M. H.

THE PRESENT STATUS OF WHOOPIING COUGH

BY LAWRENCE W. SMITH, M.D.

Chief of Staff, The Boston Floating Hospital, Boston, Massachusetts

WHOOPIING COUGH is the one contagious disease, which up to the present, has been the most completely neglected as far as any intensive investigative work is concerned. In the past ten years we have made tremendous strides forward in our knowledge concerning the treatment of diphtheria, scarlet fever, and to a somewhat less extent of measles, but it is only within the past year or two that any concerted attack has been made upon the treatment of whooping cough.

In Denmark for several years there has been a serious attempt to reduce the morbidity and mortality of this disease by the establishment of a diagnostic laboratory at the Serum Institute of Copenhagen, where cultures from suspected cases of whooping cough can be submitted, much in the same way that cultures from diphtheria patients are handled in this country by the various local boards of health. This Serum Institute also has undertaken the preparation of vaccines which are distributed throughout the country to the physicians for the prophylaxis and treatment of the disease.

No particular attention has been paid, in this country, to this extremely valuable piece of work until recently. It obviously offers the most satisfactory present means of establishing adequate quarantine regulations, for if the disease is proven by a positive culture, then the case can come under the control of the Health Department, be segregated, and in this way be prevented from spreading further. This cultural method has met with extraordinary success in the hands of these Danish investigators* and has led to

similar attempts this past year in a clinic established by the Boston Floating Hospital.

This clinic was originally established through the efforts of Dr. Henry I. Bowditch, as the result of the experimental treatment of a small group of cases of whooping cough by the roentgen-ray. The results were so satisfactory in this initial group that it soon grew to the proportion of a good-sized clinic and at the present writing, more than 1,600 cases of whooping cough have passed through the clinic and been thoroughly studied from many angles.

The therapeutic use of the X-ray in the treatment of whooping cough has further aroused widespread interest in the disease. As a result, the present organization of this clinic with the co-operation of a number of other institutions, including the Massachusetts State Department of Health, the Boston City Board of Health, the Harvard University School of Public Health and Hygiene, the Departments of Pathology and Bacteriology of the Harvard Medical School, and the Boston Infants' and Children's Hospital, as well as the Boston Floating Hospital, has followed.

Its Bacteriology, Diagnosis, Prevention and Treatment. *Boston M. and S. J.*, 192:50-60 (Jan. 8), 1925.

Meyer, A. H. Researches on Whooping Cough in the State Serum Institute, *Ugesk. f. Laeger*, 83:523 (April 21), 1921; Laboratory Diagnosis of Whooping Cough at Serum Institute of State, *Acta. Pediat.*, 1:99 (March), 1921; Laboratory Tests for Pertussis, *ibid.*, 1:99, 1921; Bacteriology of Whooping Cough, *Ugesk. f. Laeger*, 83:523 (April 21), 1921; Report of Mme. Chievitz and Dr. A. H. Meyer, Copenhagen, *Ann. de l'Inst. Pasteur*, 30:503, 1916.

* Madsen, Thorvald. Whooping Cough:

Working Toward Early Diagnosis

The work of this group is aimed at present toward the early diagnosis of the disease, for as has been found by the Danish investigations this offers the most useful means of controlling its epidemic spread. The problem, however, is not as simple as we had hoped, or as the earlier results seemed to indicate. While bacteriological diagnosis is possible in a very high percentage of cases during the early catarrhal period of the disease, such procedure requires rather special methods and a longer time interval to secure satisfactory growth for the recognition of the organism than is entirely compatible with satisfactory public health measures.

often is also of value, for in young children it is relatively uncommon to find other organisms having the general morphological characteristics of the whooping cough bacilli unless they have the disease. In older children this method is of less value because frequently their sputum contains influenza bacilli which are indistinguishable microscopically.

The blood examination has long been recognized as of great value in making the differential diagnosis. In general, we have found that the total white cell count is elevated to approximately double its normal figure. Not only is the total white cell count increased, but the differential leucocyte

Table of Blood Findings in 378 Cases

Age	Total white cells per cu. mm. blood	Per cent lymphocytes	Total lymphocytes
0-6 months	17,175	64.2	11,026
6-12 months	19,035	66	12,563
1-2 years	17,900	68.5	12,260
2-3 years	17,950	63.5	11,398
3-4 years	16,450	54	8,883
4-5 years	15,600	60	9,360
5-6 years	15,400	54	6,316
6-7 years	14,700	53	7,791
7-8 years	16,375	52.5	8,596
8-9 years	15,825	56	8,862
9-10 years	14,025	48	6,732
Average	16,403	58.1	9,530

Accordingly, other supplementary means of diagnosis have been utilized. Each suspected case, as it is admitted to the clinic, is given a thorough physical examination, including the taking of an X-ray film of the chest and the examination of the blood, especial attention to a total white cell count and differential leucocyte count. At the same time an attempt is made to secure a culture in one of two ways: either by having the patient cough directly on to a specially prepared medium in a Petri culture dish, or by inoculating media with sputum obtained from a cough as in the case of pneumonia. It has been found through considerable experience that these accessory methods of diagnosis are of great assistance. Immediate examination of the sputum itself, stained by Gram's method to demonstrate the presence of the bacteria,

count shows a marked preponderance of lymphocytes. We have found further that an estimation of the actual number of total lymphocytes is of more value than the simple percentage count. for frequently cases of whooping cough are masked by a secondary bronchitis which in itself produces an increase in the total white cells, but the increase is largely of the polynuclear cells rather than of the lymphocytes.

In the X-ray diagnosis of whooping cough we have found that there is a rather characteristic thickening of the peri-bronchial tissues and enlargement of the hilus lymph nodes. This peri-bronchial thickening is more marked in the descending branches of the bronchial tree and in this respect differs from the ordinary pyogenic bronchitis.

As can be readily seen, none of these changes in itself is positively diag-

nostic, but if any of them exist in a case with history suggestive of possible exposure, or a cough persisting for more than a week or ten days, then they can be considered as of very great significance in establishing a tentative diagnosis.

Treatment of Early Cases

In the treatment of these early cases of whooping cough, especially in those cases in the catarrhal stage before the actual period of whooping, vaccines have been found of very great value. Indeed, we may say that so far as our records show, cases which are known to have been exposed to whooping cough and receive at once a complete series of vaccine inoculations are thoroughly protected. The degree of protection varies in a general way with the stage of the disease. Such vaccine therapy, however, has to be adequate. From experimental work and on the basis of clinical results, it seems safe to state that to be effective, vaccines, further, must be freshly prepared and given in adequate dosage. These are factors which have been largely overlooked, and account in part at least for the conflicting reports in the literature. We use a vaccine made of several strains of organisms isolated from active cases. These are selected on the basis of their protective action in experimental animals, and are very much more active in producing antibody formation than any of the commercial vaccines which we have been able to obtain. The dosage also is several times that ordinarily recommended for the commercial preparations. We give an initial dose of 0.5 c.c. of a vaccine containing 4,000,000,000 organisms, increasing this each time on alternate days for five inoculations until a total of 2 c.c. or 16,000,000,000 organisms are given at a time. In the treatment of active cases, the vaccine is continued throughout the course of the disease as is customary in the case of vaccines used for acne, boils, etc. The results, however, are not as striking in the treatment of advanced cases as they are in the early contacts.

Group Treatment

The active cases have been divided into different groups for treatment: into a group receiving vaccines alone; another receiving X-ray alone, a third receiving the two in combination, and finally a group of cases who receive only the usual medical treatment and thus serve as controls. In general, we have found that the cases receiving the combined treatments do the best, but that those receiving the X-ray alone as



Seasonal Incidence of 985 cases, including all cases up to May, 1925

we have noted in our earlier series, in many instances show an almost phenomenal improvement. Others, as might be expected, show very little improvement under this form of therapy. The action apparently of the X-ray is two-fold: in the first place it causes a definite shrinking of the enlarged mediastinal lymph nodes and the peribronchial lymphoid hyperplasia which has produced the X-ray picture of thickening. In the second place, it probably acts in a similar fashion as in the cases of thymic enlargement where certain physiological changes are produced with a diminution in the secretory functions of this gland. The results are most striking in the smaller babies and especially in that group of malnourished infants who tend to have convulsions, which are usually of an associated tetanic origin. The action of the X-ray may again be interpreted as a physical means of altering the reaction of the blood serum, either directly or by stimulation of the parathyroid glands, which we know play such an important part in tetany.

X-Ray Method

The method of treatment by X-ray is to expose the entire chest for varying lengths of time, depending upon the size and age of the child. In very small babies, only the anterior of the chest is treated on the first time and the back on the second time. The older children are treated both anteriorly and posteriorly on each time. All the cases receive three treatments on alternate days. A period of a week elapses and a second series of one, two, or three treatments given, as the individual case seems to require. In a small group of cases which have enlarged thymus glands, it has been possible to give much larger dosage, combining the treatment of the thymus gland with that of the whooping cough. No more improvement in the disease is noted with these large doses and for that reason we are content to continue with such minimal doses that no possible danger to any of the other glandular structures can follow. Further details of the method of treatment are available in various reports of the work which have appeared from time to time in the medical journals.*

- *1. Bowditch, H. I. Further Notes on the Treatment of Pertussis by the Roentgen Ray. *J. A. M. A.*, 82:1422 (May 3), 1924.
- *2. Treatment of Pertussis by Roentgen Ray. An Analysis of Eight Hundred and Fifty Cases. *J. A. M. A.*, July 18, 1925, Vol. 85, pp. 171-177. By Law-

Conclusion

In conclusion, it seems only fair to state that at the present writing we are still a long way from our ultimate goal in our knowledge concerning this extremely serious disease of infancy and childhood which takes an annual toll of over 10,000 lives in the United States alone. On the other hand, we hope that a real and lasting interest in whooping cough has been aroused and that modern scientific medicine will not rest content until this disease can be classed with that fast-growing group which has fallen under the control of man. Certain steps forward have been made in the early diagnosis of the disease by means of careful hematological, roentgenological and bacteriological methods. The prophylactic treatment of exposed cases has become an accomplished fact. The work of the past year or so has shown definite advances in our knowledge concerning the treatment of the disease. We feel that, given time, whooping cough will be ultimately understood, a specific biologic means of therapeutics developed, and its mortality become a negligible one.

rence W. Smith, M.D., and B. F. H. Staff.

- *3. Bowditch, H. I.; Leonard, R. D., and Smith, L. W. Studies on the Roentgen Ray Treatment of Whooping Cough. *Am. J. Dis. Child.* (Sept. 28), 1924.
- *4. Leonard, R. D. Use of Roentgen Ray in Pertussis. *Am. J. Roentgenol.*, 11:264-267 (March), 1924.

A copy of the June, 1920, issue of THE PUBLIC HEALTH NURSE is needed to complete the files of a state library. As our own supply of this issue is limited, we hope that one of our readers may be willing to send us her copy.

HEALTH WORK WITH A MOVABLE SCHOOL

By EUNICE RIVERS, R.N., Alabama

Attached to the Movable School of the United States Department of Agriculture,
Extension Work, with headquarters at Tuskegee Institute

For the past three years I have been employed by the state, with Tuskegee Institute and the United States Department of Agriculture cooperating by furnishing travel expense and a mode of conveyance among the rural people of the state. It is through the farm and home demonstration agents that I

and community are never neglected in any meetings. The necessity of each family keeping its surroundings clean, and the methods of spreading and preventing diseases are discussed. Every person is urged to give up the use of public drinking cups and to carry his own cup wherever he goes: demonstra-



Negro Agent Demonstrating Canning Methods, Montgomery County, Alabama

am able to reach perhaps a larger number of people than any other nurse in the field. Two-thirds of my time is spent in the field during which time I reach an average of 500 midwives and mothers each month, besides the men and children who attend these meetings. Different phases of health are taken up with the groups of men, women and children.

Health and sanitation of the home

tions are given in making drinking cups, using a square piece of paper, and each person makes his own cup and uses it throughout the day. The old familiar dipper and bucket are put away and a water cooler is filled with water for the day and placed in some convenient place for the entire group. Several communities have placed coolers in their churches as a result of this demonstration.

Home nursing is taught in meetings through talks and demonstrations to women and girls who have the responsibility of the sick in the home. Where time permits, a room is prepared for a patient by removing all unnecessary furniture and demonstrating all the necessary sanitary and hygienic measures, cleanliness and ventilation. Bed baths are demonstrated, changing of linen, and other home nursing care.

Every effort is made to show the women and girls how to prepare and

after some persuasion she said, "I began feeding my baby when it was three weeks of age and I gives it just what I eat, most of the time I chew the food up and put it in the baby's mouth." Many mothers are doing the same thing. The importance of giving water to infants is stressed because a majority of the mothers think that the child does not need any water, consequently often it does not get any before it is three or four, or even six or eight, months of age. The bottle-



Baby Clinic at the Home of a Negro Farmer, Madison County, Alabama

serve a palatable and attractive meal, with special emphasis on preparation and variety of liquids.

Because of high infant mortality much time is spent in giving prenatal and postnatal instruction and the care of the infant during the first weeks of life. For the most part our rural mothers do not understand proper care of their children.

The question of infant feeding is very important in our meetings and we hear many surprising things. A young mother was asked, "How old was your baby when you began feeding it?" The mother was a little shy at first, but

fed baby is never forgotten in our talks.

The midwives are important in our rural communities because the mothers and infants depend largely upon them for service, as we find a large per cent living ten and fifteen miles from a physician. Instructions are given the midwives and they are urged to attend all meetings and conferences called by physicians or any other workers. They are taught to encourage mothers to consult a physician at least once during pregnancy.

Demonstrations are given in making maternity bundles and simple beds for

the baby, using two straight chairs, sheet, four large safety pins and mosquito net.

Besides following the regular routine of work as carried out by the movable schools, some time is spent in meetings of other nature, such as farmers' conferences, clinics, and other meetings. The county agent usually works up a health meeting and along with this, the physicians are invited. We call these meetings Baby Clinics and every mother is asked to bring her baby and all of the preschool children, that the physician may have an opportunity to give them an examination. Where defects are found, the mothers are encouraged to have them corrected.

Although the clinics are called Baby Clinics, a large number of grown-ups and school children come to see the physician for treatment and information. Very often defects are found which need medical attention which had never been taken seriously by the individual, but after a consultation with the physician a small per cent of the victims will have them corrected.

As a result of the health meetings and demonstrations the rural people are being awakened to the necessity of good health. We now receive many calls for some one to come and give health instruction. As nearly as possible these requests are always answered.

The *Journal of Home Economics* has recently published "Home Economics as She is Learned," some excerpts from home economics examination papers.

"Rickets," we read, "is a very old disease. It was common in England in the seventeenth century before the Romans came." Symptoms of this ancient malady include "a square head and awkward movements. The victim becomes dull and unintelligent."

"Minerals are important because they are conveyors of electricity and magnetism. . . . They act as *materia medica* making the body strong to resist disease."

The effects of eating too much carbohydrate are: "The result of eating these devitalized and demineralized products is a starvation of and then a clogging of the system." The direst is that "the effect of too much carbohydrate will be to make us a degenerate nation"!

The duties of the homemaker were: "Administrative, economic and social," the social including among other things "the ability to make one's guests congeal."

MARK THE DAY—JANUARY 1, 1927.

On that date THE PUBLIC HEALTH NURSE goes on a straight subscription basis.

STANDARDS FOR TUBERCULOSIS WORK IN A GENERALIZED NURSING PROGRAM

East Harlem Nursing and Health Demonstration

Foreword: Tuberculosis nursing today calls for a synthesis of all other nursing and health services. The tuberculosis nurse must not only be grounded in the care of the actively tuberculous patient and keenly sensitized to her responsibility for the protection against the disease of all members of her patient's family, but she must be constantly on the alert to recognize the symptoms of incipient tuberculosis and to do her part to prevent the occurrence of the disease in susceptible or pre-disposed individuals.

In carrying out a generalized nursing and health program, with wide contacts, the public health nurse has a unique opportunity to serve in the active campaign to eradicate tuberculosis. That she may have her eyes fully opened to her strategic position she should view the problem as an entity, hence the need for an introduction to the tuberculosis work in the routine of staff education.

The standards for tuberculosis work, here presented, is an outline of such an introduction which has been developed for the use of the nurses of the East Harlem Nursing and Health Demonstration. This outline was prepared by the director and the supervisory staff, and submitted to a number of experts in the tuberculosis field, whose suggestions have been incorporated in the outline.

I. AIMS

The education and care of the actively tuberculous member of the family.

The health supervision, encouragement, and guidance of the arrested case.

The continuous health supervision of children who have been exposed directly to tuberculosis.

Preventive work permeating all other services, with special emphasis on periodic health examinations, corrective work, health classes for special groups, and convalescent care following acute illnesses.

The search for early symptoms of tuberculosis through all contacts

made in the family through:

Physical examination

Work with undernourished children

After acute illness, through contact in the home for other services

Through contact with normal (preferably well) children in the home and in classes and clubs, for symptoms of

Lassitude

Loss of weight

Fatigue

P.M. temperature

Susceptibility to colds, etc.

(See *Diagnostic Standards* of National Tuberculosis Assn., page 7)

II. COMMUNITY ASPECTS

National Tuberculosis Association

State Tuberculosis Association

Local Tuberculosis Association

Death rate

General

United States, State and County

Local, City and District

Number of cases reported, compared with mortality

Hospital Facilities

Local

State

Preventoria

Education of Community through

Personal contact

Health literature

Talks

To Mothers' Clubs

In schools

In factories

In churches

III. RELATIONSHIPS

Board of Health

Stimulate the reporting of cases.

Stimulate attendance at Board of Health Clinics.

Confer with Board of Health nurses and physicians, when such conferences are helpful to the patient, or are indicated to further co-operation.

Physicians

- Through care in the home.
- Through arrangement for transfer to sanatorium (at their request).
- Through arrangement for clinic service.

- Through information regarding home conditions not always otherwise available to physicians.
- Coöperation with social agencies
- For help in adjusting social conditions, supplementing income, etc.

IV. HOW CASES ARE REPORTED TO THE SERVICE

- Through social agency.
- Through Board of Health Clinic.
- By family, neighbor, or friend.
- By Metropolitan Life or John Hancock Insurance Company.
- Through health supervision in the home.

- Through prophylactic clinics—especially ante-partum and pre-school.
- Through private physicians.
- Through the nurse's own observation
 - In home.
 - In clinic.
 - In class.

V. SOCIAL PROBLEMS

- Family should be cleared with Social Service Exchange.
- Refer social problems to social agencies if not already registered. If registered, contact with social agency handling family.
- In families not referred to social agency, some adjustment may be necessary between relatives and friends of the family for assistance in intelligently handling the situation.

- Assistance to family or individual in handling the problem of suitable employment.
- Nurses working in communities where there is no agency for handling social problems will find it necessary to organize a committee for this purpose. It has been suggested that the nurse work with the committee, but that the committee be responsible for administering material relief.

VI. ROUTINES

ADEQUATE CARE OF THE ACTIVE CASE IN THE HOME

A. General Objectives

- To give nursing care under medical supervision when removal to sanatorium is not advisable, or when such removal is pending.
- To instruct some member of the family in the care to be given the patient during the nurse's absence.
- To arrange for examination by attending physician or clinic at intervals, as the physician may advise.
- To teach the patient precautionary measures, avoiding as far as possible adding to the patient's feeling of isolation from the rest of society, and at the same time making him safe to live with.
- To give special instruction to the patient, if he is responsible, or to a responsible member of the household, in ventilation, sunshine, and general hygiene.

- To teach and emphasize importance of diet

- a. Selection and preparation.
- b. Variety and balance.

Dr. H. M. King, physician in charge of the Loomis Sanatorium, gives the following general rules for feeding:

- Forced feeding is not necessary.
- Milk and eggs should be used strictly with regard to their food values.
- Protein content should be a little in excess of ordinary requirements.
- Fats are especially useful.
- Three meals a day—special lunches between meals for special cases.
- Avoidance of very bulky fermentable foods.
- After patient's weight is slightly in excess of normal, diet should be just enough to maintain it.
- Food should be eaten slowly, under most agreeable circumstances.
- Three meals a day, except in cases with complications, are agreed upon by all.

Meals should be given without much fluid, due to tendency to atony of stomach. Food should be thoroughly masticated and dental hygiene is important. Patients should rest before and after meals. The patient should be impressed with the primary importance of diet in the treatment of tuberculosis and this should be repeated if patient grows careless. Directions should be carefully outlined, not verbal, and should be detailed and specific, both as to food and hours.

To emphasize the importance of rest

At night

During day

Prevention of unnecessary fatigue

B. *Specific Methods*

1. Selection and Arrangement of Patient's Room

Select separate room that is exposed to the sun—southern is preferable—and one with two or more windows if possible.

See that room is not a passageway, and that it gives easy access to the bath or toilet.

Furnishings to be simple, easily cleaned. Room arranged with view to cleanliness—bare floors or small rugs.

Patient not confined to bed may help with care of his room. Mop floor with 5 per cent solution of washing soda. If sweeping is necessary, dampen floor and use broom covered with washable cover, to be boiled frequently. Burn all sweepings. Dusting to be done with oiled cloth—to be boiled frequently.

(NOTE: Use in water a tablespoonful of washing soda. This combines with oil in cloth and makes a soapy solution.)

2. Care of Room after Removal of Tuberculous Patient

The room should be given a thorough cleaning; floors, woodwork and windows washed with good hot soapy water. A fresh coat of paint, or white-wash, or fresh wall paper if the walls are papered, is desirable. The room should be well aired and sunned (for several days, preferably a week). Exposure of bedding, rugs, etc., to direct outdoor sunlight is an important part of thorough

terminal disinfection. Articles should be turned so that both sides of each article are exposed for at least two or three hours to strong sunlight.

(NOTE: Wash and boil everything that can possibly be boiled—blankets, mattress covers, etc.)

3. General Care of the Patient

(Patient's toilet articles should be kept in his room and under no circumstances should they be used by any other member of the family.)

General care should always include care of the patient, bed-making, care of the sick room, and very definite instructions to a responsible member of the family. The amount of actual service rendered by the nurse herself will have to be judged by the individual situation, always bearing in mind that the patient must be adequately cared for. The nurse should teach the family to meet its individual needs as far as possible.

General care (full) includes—care of mouth, nails, hair, bath and the remaking of the bed.

Bath. Before commencing the bath, see that the room is sufficiently warm and free from draughts. Remove bed spread and fold. If no fresh linen is available, be sure that the sheets are well protected. Use plenty of hot water and soap. Bath water should be emptied into toilet by nurse—never use the kitchen sink. Wash the face, neck and ears. Then bathe anterior chest before the upper extremities. After turning patient, the back, lower extremities, and perineum are bathed. The water should be changed frequently, at the discretion of the nurse.

Pressure spots. The back and axillae require careful inspection and attention. The family physician must be notified if pressure sores occur. Teach family how to avoid this by keeping the skin dry and clean, turning patient frequently, and by using pillows, pads, and rings under bony prominences. (Special instructions are needed in case of Spinal Tuberculosis.)

Soiled linen. Place soiled linen in a covered wash-boiler, containing a solution of washing soda (1 tablespoon to 1 gallon of water).

Care of the hair. Before combing, see that the pillow is protected. Wash comb and brush frequently in 5 per cent solution of washing soda.

Care of teeth and mouth. This is important, and if possible a tooth-brush should be used—with a tooth powder, paste or ivory soap (if not objectionable to patient).

Care of the tooth brush. Boil for 5 minutes at least once a week in 5 per cent solution of washing soda. Rinse thoroughly in warm water and soap each day and dry in sun. If patient is too ill to use the tooth brush, use applicators covered with absorbent cotton and moistened with normal salt solution, bicarbonate of soda, boric acid, or any alkaline mouth wash. Glycerine and lemon juice may be used when indicated. (Dilute glycerine with equal parts of water. Four parts of diluted glycerine to one part of lemon juice.)

4. Dishes

The dishes used by the patient should be placed in pan of cold water containing soap powder or washing soda, and boiled at least 5 minutes before being washed. Keep dishes, including salt and pepper shakers, when not in use, on separate tray.

5. Disposal of Sputum

Burning. This is the best method. For this purpose, a metal frame with pasteboard container is used. The pasteboard cup can be burned directly (wrapped in newspaper) and should be changed twice a day and oftener, if necessary. The metal frame can be boiled—daily—covering it with water, in a basin kept for this purpose, boiling 5 minutes.

(NOTE: If the amount of sputum is not excessive a paper napkin is better than the cup, because it cares for possible spray or droplets.)

Paper napkins. These should be used by the patient, instead of ordinary handkerchiefs. These should be placed in a bag, pinned to the side of the bed, to be burned at least once each day. Patient should be instructed to cover mouth and nose when talking, coughing or sneezing.

6. Clothing

Clothing from the patient's bed, if confined to bed, should be treated as for other communicable diseases, *i.e.*, placed in a large covered boiler and boiled from 10 to 15 minutes before being sent to the laundry. (Use 1 tablespoon washing soda to 1 gallon water.)

Articles that cannot be boiled may be placed in a disinfectant—1 per cent solution C. N., or 2 per cent solution Lysol; or exposed to direct sunlight for not less than 2 hours.

Special apron should be kept in patient's room for caretaker.

7. Care of Hands

Scrub hands thoroughly with brush and liquid soap before and after giving any care to tuberculous patient.

8. Care of Children

Children in the family should be kept from direct contact with the patient. Children should not be allowed to play in the patient's room. Babies should not be allowed to crawl on floor in room occupied by a tuberculous patient.

ARRANGEMENT FOR HOSPITALIZATION OR SANATORIUM CARE

A. Hospitalization

Arranged for patient upon recommendation of the City Tuberculosis Clinics, with Hospital Admission Bureau, Tuberculosis Headquarters, 505 Pearl Street, or Tuberculosis Emergency Headquarters, 126 East 59th Street, New York City, at the request of private physicians for coöperation in arranging for hospitalization or sanatorium care.

(NOTE: Every worker should know and be able to explain minutely to the patient the conditions to be expected in the hospital; special adjustments to be made, and why; and what clothing and toilet articles are needed.)

B. The nurse's obligation to patients under her care in hospital:

To obtain report as to the patient's condition from the sanatorium, at least every six months. The following two form letters are provided for this purpose:

(Letter to Patient in Hospital)

Date

My dear Mr.

Before we are able to learn how you are progressing at it will be necessary for us to have your consent. So will you kindly sign the enclosed slip, and give it with your letter to Dr., who will then send us a report.

Trusting that you are improving,

Sincerely yours,

.....R.N.

(Letter to Be Signed by Patient and Handed to Physician at Hospital)

Date.....

My dear Dr.

I am willing that such information as Hospital has about my physical condition be given to the East Harlem Nursing and Health Demonstration, which is interested in me and whose nurse is visiting my family.

(Signed)

Date.....

(Letter to Be Given to Hospital Doctor by Patient Describing the Information Required)

My dear

May we have the following information on home address who is was a address who is (was) a

Thanking you,

Sincerely,

.....
Supervisor, Tuberculosis Service

Date admitted

Diagnosis

Prognosis

Weight on admission.....

Present weight

Sputum (date)

Wassermann

Signed, M.D.

Date

To keep family posted as to the condition of patient, and reassured as to his progress. To arrange to visit patient personally if this seems desirable or necessary.

To keep patient reassured by letters or personal visits as to the condition of the family.

To educate the family in a better appreciation of what the patient's handicap will be upon his return home and suggest ways and means of helping him carry this burden.

SUPERVISION FOR QUIESCENT OR APPARENTLY ARRESTED CASES

A. Physical examination at least every three months—oftener if necessary.

B. Teach patient to take temperature at intervals, and in P.M. Report findings to physician or nurse in clinic, or private physician.

To take a mouth temperature

Rinse the thermometer under cold running water or wipe with cotton moistened with cold water. After removing—

Wipe with dry cotton.

Rub well with cotton moistened with green soap.

Rinse well under running water.

Wipe with cotton moistened with 50 per cent alcohol.

The thermometer and the supplies needed for its care should be provided by the family whenever possible.

C. Advise as to general health habits, especially best exercise.

D. Assist in securing suitable employment when this is necessary.

SUPERVISION OF ARRESTED CASES

A. Occasional follow-up work, at least every six months, over an indefinite period.

(NOTE: It should be remembered that an arrested case of tuberculosis is always a potentially active case and only awaits some strain in circumstances to so lower his resistance that an active case may develop. It is therefore important that all known cases of tuberculosis be carried over a period of years in the active files of the nursing association.)

B. Encouragement to patients to report to clinic for thorough physical examination once a year.

- C. Encourage patient to report to clinic whenever he is not well, particularly during or immediately following a severe cold.
- D. Encourage patient to conserve health and strength through adequate health habits.

HEALTH PROGRAM FOR CONTACT CASES

A. *Infants*

Infants in contact with tuberculosis should be kept under close supervision, both in the home and through clinic service.

(NOTE: Most pediatricians will agree that tuberculous mothers should not nurse their babies. The nurse should have definite instructions on this point from the pediatrician in charge of the infant.)

The infant clinic should provide for a Von Pirquet test and Intra-dermal. Physician in clinic should be frequently informed of the environment of the child. Special care should be given to nutrition and health habits. Attention should be given to securing a maximum of fresh air and sunshine for the baby.

B. *Preschool children*

Careful physical examination every 3 months.

Correction of all defects as soon as diagnosed (especially teeth and tonsils). Von Pirquet and Intra-dermal as indicated.

Special instruction and supervision as to diet.

Special instruction and supervision as to health habits.

Prolonged vacation in country, if possible, especially during summer months.

All children 10 per cent or more underweight and who are definite contacts should receive preventorium care, which is 24-hour year-round care, in an institution.

C. *School children*

Careful physical examination every 6 months.

Correction of all defects (especially teeth and tonsils).

Special class instruction for underweight children.

Open air school for underweight children. (The open air school may take the place of group instruction.)

Special emphasis in the home and in group teaching on health habits and nutrition.

All children 10 per cent or more underweight and who are definite contacts should receive preventorium care, which is 24-hour year-round care in an institution.

D. *Adults*

Physical examination at least once a year. Recommendations carried out as speedily as possible.

Supervision as to health habits and diet.

VII. RECORD AND MONTHLY SUMMARY

1. RECORD

The record form recommended by the National Organization for Public Health Nursing is advised. Each item on the record should be filled in carefully, not only in taking the initial history, but after each subsequent visit.

2. MONTHLY SUMMARY

The following form has been used successfully by the Demonstration for the purpose of giving each worker a picture of the work accomplished and work remaining to be done. This form could also be used as a summary sheet for an individual family, as well as a check-up on the number of families under care.

QUANTITATIVE AND QUALITATIVE REPORT ON TUBERCULOSIS WORK

This summary, which can be made quarterly if preferred, gives a helpful picture of the quantity and kind of work to be done. It is not difficult after the first survey has

been made. If a family folder is used, with a separate sheet on each person within the family, it is quite simple to separate the age groups, and *most important*.

From..... To.....

- I. Total number of families.....
- II. Total number of active or quiescent cases under supervision.....
 - a. At home.....
 - In hospital.....
 - b. Positive sputum.....
 - Negative sputum.....
 - No report.....
 - c. Under clinic physician.....
 - Under private physician.....
- III. Total number of arrested cases under supervision.....
 - a. At home.....
 - In hospital.....
 - b. Positive sputum.....
 - Negative sputum.....
 - No report.....
 - c. Under clinic physician.....
 - Under private physician.....
- IV. Total number of contacts (all age groups).....
 - a. INFANTS
 - Total number examined within last 6 months
 - Total number examined within last year
 - Total number not examined

Defects	Total	No. completed	No. under care (Work to be done)
Teeth			
Tonsils and adenoids			
Heart			
Lungs			
Posture			
Nutrition			

(NOTE: If under care for correction, note under care.
If correction has been completed, note completed.
If correction is incomplete, summarize work remaining to be done.)

Similar analyses are to be made for preschool and school children and for adults.

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EDUCATION OF THE STUDENT NURSE IN TUBERCULOSIS NURSING

Meeting of Tuberculosis Nursing Section, N.O.P.H.N.

Biennial Convention, Atlantic City, May, 1926

The two papers presented at the meeting of the Tuberculosis Nursing Section are printed elsewhere, that of Miss Mary Carter Nelson in the *Journal of Outdoor Life* for July, 1926; that of Miss Katharine Densford will be published in the *American Journal of Nursing*.

Miss Nelson describes the opportunities offered by the Executive Committee of the New Jersey Tuberculosis League coöperating with local tuberculosis associations and the New Jersey state nursing organizations in providing a course of lectures given by the Field Advisory Nurse of the New Jersey Tuberculosis League, without charge to the hospitals. These lectures were also made available to groups of public health nurses.

Miss Densford's paper discussed the *How, When and Why* of the question of opportunities provided by the hospital and training school for the teaching of tuberculosis nursing to student nurses. The *How* seems to her of more vital importance than the other two. In conclusion Miss Densford states:

The most inspirational teaching together with the most thorough practice would be inadequate without a third factor—the teaching of the public health phases of the disease.

This public health practice work can be given in one of two ways. First—If coincident with the ward practice a longer period of time should be allowed which will include the field work. In the plan as started in Cincinnati the City Health Department ar-

ranged that one of the public health nursing staff well informed about tuberculosis should take students—not more than two at a time—into the field with her. . . . On the first day it was planned to make the student see as many different kinds of conditions in the homes as feasible, including if possible a first call among the list. During these visits the supervisor pointed out conditions of importance in the situation. The next week a follow-up visit was made at all these homes so that the student might see the value of the instruction given the week previous. At the close of the follow-up visit the student wrote a report of each of her calls which she turned in to the field supervisor who graded the paper and then sent it to the supervisor at the sanatorium. The student under wise supervision thus had an introduction to the home and family conditions of the tuberculous patient—an introduction which made an indelible impression upon her mind. She went into the home on the alert to gather knowledge of the home conditions and returned to her ward the next day with an appreciation of the relationship between the patient and his home which she had not had before.

In the *second* method of teaching public health nursing the student nurse has all public health nursing practice in the generalized public health nursing course. In this event she will have her tuberculosis training alongside her infant welfare, prenatal and other types of work and her training will more nearly conform to the type of public health nursing she may do in later years. Which method is better can be and is being worked out by experience.

In conclusion—is it not clear that instruction in this subject should be given by all schools of nursing to every student nurse, preferably in her third year, in both theory and practice, with special attention devoted to its public health phases? If we can do this we need not worry about the future of tuberculosis nursing.

SUMMARY OF PROGRESS IN EDUCATION OF NURSE IN TUBERCULOSIS

Report of Committee on Affiliation, Agnes D. Randolph, Secretary

Since the organization of the tuberculosis section of the N.O.P.H.N. in 1920 special emphasis has been placed upon the opportunity afforded by the section:

To interest superintendents in affording their nurses adequate training.

To keep watch upon the progress of tuberculosis nursing and to insure its development.

Following out this policy, the Chairman sent to hospital superintendents, state supervisors of public health nurses, inspectors of training schools, and others, a letter, less comprehensive than the questionnaire made out by Miss Grace Holmes of Oregon in 1923 and designed to follow that up, asking for a report on the progress made toward the adequate training of student nurses, or for any plans made toward strengthening nursing work in the tuberculosis field.

Thirty-one states replied. Several had sent to their training schools individual questionnaires of a much more comprehensive nature than our letter suggested, which give an indication of a general interest in the subject gradually to be crystallized into a program for bringing out of the existing chaos an ordered education in this essential phase of nursing.

A study of the tabulated responses must cause discouragement. There has apparently been little or no progress since Miss Holmes' survey in 1923. It is impossible to compare the findings, since the study this year was far more general in character. Since our letter was a general one, it may be possible, of course, that this year's answers are inexact. Certain replies would seem to indicate this; Texas, for instance, reported in 1923 that 17 schools gave tuberculosis training, while this year it stated that nothing effective has been accomplished in affiliation in the state, and that theoretical training and demonstrations only were given. This difference may be due to the different kind of questionnaire.

General result of the study shows as follows:

Ten states are making an effort toward affiliation.

Eight states have one or more hospitals with tuberculosis wards.

Seventeen states report that an effort is being made in one or more of their training schools to secure practical experience.

Six of these states are not found in the group which report affiliation or hospital wards, so that one may safely say that twenty-four states are now giving these points consideration.

This is identical with the number reporting in 1923, but the states do not correspond, and it is probable that the situation has somewhat improved.

Eighteen states reported a regular course of lectures on tuberculosis.

Further analysis of the figures to determine how many nurses are graduated with experience in caring for the tuberculous gives even more cause for discouragement. Indiana, for instance, with 33 schools, has one which affiliates with a sanatorium; Iowa with 54 schools has one, and only one nurse in the school has availed herself of its opportunity. In all of the seventeen states the ratio is about the same. Only 5 states, Arizona, New Mexico, Colorado, California, and Minnesota, seem to have succeeded in giving their nurses this essential training.

Correspondence and experience both give proof that the problem of nursing for the tuberculous receives little consideration from teachers of nursing.

It is always well in propaganda work to despise not the day of small beginnings. It might be valuable therefore to consider whether or not the section can this year devote itself to securing some or all of the following developments:

The inclusion of a session devoted to the discussion of the education of the nurse in tuberculosis in every league or educational section of our state association conventions.

The effort to secure lectures on tuberculosis in all training schools, either through the medical staff supplemented by public health nurses, or by the staff of the state branch of the National Tuberculosis Association.

The precipitation of the discussion by the boards of general hospitals of the admission of tuberculosis patients in those institutions where no ward now exists.

These three steps toward shifting public opinion would not be too time consuming if each state had a subcommittee and confined its effort to its own territory. It would, however, prove a full program and could be continued until some real progress was demonstrated.

FIXED POLICIES TO MEET "FIXED" POLITICS

Editor's Note: This article presents a dramatic picture of a not uncommon situation and is a record of actual happenings. It was sent to us following the publication of Mrs. Churchill Humphrey's article, "Point of View of the Contributing Citizen," which appeared in January, 1926. In this article Mrs. Humphrey says: "Until municipal health departments are entirely separated from politics, they are much more likely to employ untrained home talent, which necessarily changes every few years with the political complexion of the administration."

Five or six years ago we organized a single nursing service for our city of twenty-five thousand, including school, infant welfare, bedside nursing, Metropolitan Life Insurance work—everything that was done, and under a good supervisor—the result of a combination of the money formerly spent for nurses by the M.L.I., school board, Associated Charities, etc. The service was known as the City Staff, with offices in the Health Department, and was responsible professionally to the half-time Health Officer. The city supplied a clerk, two cars, their upkeep and the supplies.

The funds were handled by a lay board consisting of representatives of the various organizations interested, the Health Officer and the Commissioner to whom he was responsible being also members. The Board elected its own president, and to it were paid the moneys representing salaries for nurses formerly paid by the Associated Charities and the city, also the payments from the Metropolitan Life Insurance Company, on a per visit basis. Does not that sound well? It worked well, too, and the work grew as did the staff.

Then came a city election. Anyone who knows small town or small city politics knows what happens at such a moment, especially when those in office are seeking reelection. New incumbents must "expose" as inefficient, or even worse, things done by their predecessors. Three new commissioners were elected. The Health Officer was of course replaced by a man more acceptable to the new administration. The Associated Charities about this time, being hard up because the Com-

munity Chest did not get filled up the first few years, appealed to the Commissioners to pay the salary for the one nurse they had formerly carried on their budget, with the perfectly plausible argument that the care of the sick poor was the city's responsibility. And the Commissioners agreed.

One fine day the Commissioners notified the lay Board that thereafter they would themselves direct the nursing work of the city. After some protest from one organization, they agreed to appoint an advisory committee. This turned out to be composed of two or three friends of the Commissioners, and has never functioned as far as I know.

So our present Health Officer, whose experience has certainly not prepared him for any such responsibility, now directs the public health nursing.

The former Board did not raise any money regularly, but even so, it was far more than merely advisory. By careful management of the funds, it was able from time to time to put on an extra nurse for a special piece of work, and it occasionally got money from outside sources for such undertakings. But because the city was putting up most of the money, the new Commissioners now declared themselves not bound by any agreement entered into by their predecessors, and the lay Board plan was overthrown.

You may wonder why we did not fight it out? There were several reasons. In the first place, the matter of the public health nursing was only one of many changes in policy, and there was danger of our "cause" being considered a cloak for a fight on other issues. Then, too, in a place of this size

one's political leanings are pretty sure to be known if one takes any active part in civic matters, especially elections. And there were enough members of the Board who had worked against the Commissioners who did get in to make it seem like a fight against them, at least in part.

It therefore seems most important from this experience that where a Health Department plan, with a lay Board, is to be tried, that something should go down *in black and white* to bind the city to carry over the Board, in effect as well as in name, through changes of administration.

RHEUMATISM, ITS MEANING AND ITS MENACE

The preface to this small but pregnant volume by Lewellys F. Barker, M.D., and Norman B. Cole, M.D. (Appleton and Co.), tells us that it is "an earnest attempt to tell what the public should know about 'rheumatism.'" It tells what it is and what it is not, how it leads to disastrous results, what can be done for it, and much else. The concluding chapter on The Social Significance of the Rheumatic Diseases brings out points that nurses as well as the public should have clearly in mind. We quote some paragraphs from this chapter on the "menace" as it relates to children.

The rest of the chapter on chronic arthritis from the standpoint of public health and economics is significant to all social workers.

Both layman and physician are concerned with the public health aspect of the rheumatic diseases; that is to say, with the relation of these diseases to the general health of the people and to the pocketbook of the country.

It would be difficult to overestimate the menace to our children and young folk of rheumatic fever and its complicating diseases of the heart. These young patients with "rheumatic hearts" are among the most pathetic in our hospitals. Good medical management may achieve a certain amount of alleviation for them, but there is no true cure. It has been estimated that from 80 to 90 per cent of the cases of heart disease observable in childhood are sequelae of rheumatic infection. According to Swift's carefully prepared statistics there were in the United States in 1916 at least 167,000 cases of acute rheumatic fever, some 40 per cent of which left some form of chronic heart disease (more or less serious and crippling). This indicates therefore that no less than 66,800 children and young adults in this country alone had their hearts seriously damaged by rheumatic fever in that single year. Ten years have passed since then. Assuming (as we are justified in doing) that the figures quoted above are representative of the yearly incidence of the disease, we are staggered by the total of nearly three-quarters of a million boys and girls who, in that decade, have acquired the handicap of heart disease because of rheumatic fever. Indeed, there were probably more cases than the above statistics indicate, for many cases of rheumatic fever yearly pass undiagnosed or untreated (and there-

fore do not appear in the statistics), in whom cardiac complications later appear.

Figures such as these make unpleasant reading for those who love children. For one group of these patients, the span of life will be very short. Another group may reach the later teens, though a heavy toll will be laid on it through scarlet fever, pneumonia, or other acute infections that tend still further to weaken the heart. A certain proportion of them will live to adult life; some of these will be but little inconvenienced because the damage done to their hearts has been slight, but more of them will find that their daily round of activity must be set to music that is slow and in a quiet key. The choice of a life work for these becomes a serious question; by numbers of them, cherished ambitions must ruefully be given up. In many instances, the amount of gainful work that the damaged heart will allow to be done will not be large enough to permit of the making of a living; marriage is for them, of course, quite out of the question; moreover, patients not able to support themselves will become financially dependent upon their families, or, among the poorer classes, upon our cities or states.

Rheumatic fever, then, has a bearing upon both public health and economics; upon *public health* because, through the great frequency of heart complications, it is a killing disease for a certain number of the young and because there is a distinct tendency of the disease "to run in families"; upon *economics*, because many of those who survive attacks of the disease are more or less unfitted for work by reason of their cardiac disabilities.

A NUTRITION PROGRAM AS PART OF A PUBLIC HEALTH NURSING SERVICE

BY ADA M. MOSER

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Second in the series of *Reports on Nutrition Programs in Connection with Public Nursing Services*, the first of which, contributed by the East Harlem Nursing and Health Demonstration of New York, was published in the April number. The questions concerning policies and methods which are answered in this article were published in the same number.

THE Community Health Association of Boston was formed in 1923 by the merger of the Instructive District Nursing Association and the Baby Hygiene Association. The latter organization had employed nutrition workers since 1917 to do preschool work. Under the new organization, which soon adopted the generalized plan of work, the nutrition program was somewhat modified. Nutritionists no longer carried all the preschool cases; they attended only those in which malnutrition was recognized as a special factor, acting also as consultants on all other problems involving nutrition. During the winter of 1924-1925 a further change in organization was made, the baby hygiene and the preschool work being assumed at that time by the City Health Department. This change left the Community Health Association to continue its nursing service and to develop further its prenatal work.

A public health organization can give the community no service more fundamentally constructive than a sound and effective program for prenatal care. If this service is to be complete it must provide for the nutrition education of its patients, for the development of the child during prenatal life is just as essentially a process of nutrition as is its postnatal growth. If the health and food habits of pregnant women can be improved children born of them will be strong and less subject to the disturbances of nutrition which make remedial work necessary at a later period. The time to begin baby and preschool health work is before the child is born. Believing, then, that the improvement of the nutrition of pregnant mothers is perhaps of

greater importance than any other phase of nutrition work, this organization is developing a method of making nutrition teaching an integral part of prenatal care.

However, nutrition teaching is not confined to the prenatal service; it forms a valuable part of the health instruction given to all patients under nursing care. The alert public health nurse sees in the general nursing visit not merely an occasion for giving bedside care but an opportunity for teaching those habits of personal and family living which will prevent failures of nutrition and health. Therefore a nurse who is equipped to recognize the faults in hygiene and diet which result in poor nutrition and who can, if necessary, call to her aid a specialist in nutrition and home management, is able to give her patients and their families a very valuable and constructive service.

PLAN OF WORK NOW IN OPERATION

I. Nutrition Education of the Nursing Staff. 1. A series of lessons is given periodically to new nurses. The lessons cover the essentials of normal diet, with particular emphasis upon the diet of pregnancy and lactation. Their greatest value lies in the translation of technical knowledge into simple, concrete terms and in the presentation of practical methods of teaching. Dietary standards for families having low incomes are considered and every effort is made to help the nurse adapt her teaching to the conditions she finds in her families.

2. Conferences between a nutrition worker and the group of nurses in each station follow the series of lessons. At

these conferences discussion may cover recent advances in nutrition, special problems that have arisen, or cases presenting good bases for helpful criticism and suggestion. These interchanges of thought are helpful to the nutrition worker as well as to the nurses.

3. This year it is planned that each nurse shall keep a detailed nutrition record on at least one prenatal case and shall have the advice of a nutrition worker in carrying out the educational program with that patient.

II. Field Work in Nutrition. 1. Nurses give instructions to all their prenatal patients in the diet and hygiene of pregnancy. As far as possible they are expected to tie up this work with health teaching for the family group. With better training in subject matter and in methods of teaching they are increasingly able to give their patients help in making those adjustments in the daily routine that are necessary to improve their own health and that of their families. Many a general nursing case also gives an opportunity for nutrition teaching which an interested nurse is quick to grasp.

2. Three nutrition workers are assigned to five districts where they do home visiting as well as group teaching. They also act as consultants on all questions of nutrition for the nurses in their districts. At first these workers visit prenatal patients who are in their first and second pregnancies as well as other cases, both prenatal and medical, referred by the nurses. As coöperation between nurses and nutrition worker develops the referred cases become more numerous and absorb a greater share of the nutrition worker's time. At least 75 per cent of the cases visited by nutrition workers are prenatal patients needing more intensive instruction than the nurses can give. The prenatal class gives the nutrition worker an opportunity to do effective teaching in an atmosphere which is favorable to learning. The mothers talk with each other, exchange experiences, measure their own progress, and get stimulation for further effort. At

the prenatal class the nutrition worker gives a series of lessons which accompany the nursing lessons. Posters, exhibits, demonstrations, and leaflets are used to focus attention and drive home the points of the lesson.

The plan of having a nutritionist work in close coöperation with a group of nurses to carry out a well-rounded program of prenatal education and to improve the nutrition teaching done in all types of cases has been tried out in several districts the past year. The experiment has given such satisfactory results that the plan will be extended as soon as possible to include all the districts in the Association. It is believed that one nutritionist for each twelve nurses will give the most effective working balance between nutritionists and nurses.

III. Supervision of Nutrition Work.

1. When new nurses join the staff they are asked to observe at least one home visit made by a nutrition worker and one nutrition lesson at a prenatal class. A conference with the nutrition worker on the purpose and methods of health teaching aids them in gaining an understanding of the work. Then, as opportunity offers, the nutrition supervisor visits with the nurses in the homes to observe the need for further teaching and to keep her in touch with the problems the nurses must continually meet in their home visiting. The nurses' records of home visits indicate whether or not they are taking advantage of their opportunities to do definite health teaching.

2. The work of the field nutritionists is coöordinated by means of frequent conferences where methods and problems are discussed. The supervisor keeps in touch with the work in the specialized districts by means of individual contacts, by occasional visits, and through the frequent conferences above referred to.

IV. Collection and Preparation of Subject Material. The supervisor of nutrition gives considerable time to the arrangement of subject material for the use of the nurses and nutrition-

ists. Recipes, menus, and other helps for home teaching are prepared. Printed material from other sources is brought to their attention and suggestions for its use are given.

QUALIFICATIONS OF WORKERS

The nutrition workers are required to be graduates of a four-year college course in home economics. It is desirable that they have additional training in psychology and in educational theory. Experience as dietitian in a hospital is valuable but not essential. They must be able to work successfully with others, to teach both groups and individuals, and to maintain a pleasant spirit of coöperation with the nursing group. The supervisor, in addition to thorough training in the fundamentals of her profession, should have a background of teaching experience and of work as a field nutritionist in a public health nursing organization. She should have native ability, enthusiasm, and faith in the value of public health education. She must be able to get the point of view of the nursing group and to learn from the nurses as well as to teach them.

The minimum educational requirement for staff nursing positions is graduation from high school and from an accredited school of nursing, and State registration. Preference is given to nurses who have completed a course of at least four months' duration in public health nursing. Nurses not having a public health course are given a preliminary period of three months' probation and training before they are accepted as permanent members of the staff.

The possession of teaching ability cannot be too strongly emphasized as a qualification for workers in a public health nutrition program. To be successful the worker, be she nurse or nutritionist, must know how to use every opportunity for engaging the interest, attention, and coöperation of her patients.

RECORDS

A nutrition record is being introduced which will render possible a comprehensive summary of the progress made in teaching food and health habits. This record will be used for all nutrition cases whether carried by nutritionist or nurse, but is not to be used for prenatal cases when the nurse is the only worker.

The summary card, which is also a face card, provides space for checking up the food and health habits of the patient; the reverse side gives room for information about family health habits and for budget estimates.

The visits are recorded on an extension card.

The nutrition worker's record and the nurse's record, inclosed in a family folder, are filed in the nurse's box.

The nutrition teaching done by nurses on prenatal or on medical cases is recorded on the nurse's record sheet along with the other data required.

This method of keeping records makes available to each worker the record of the other's visits and facilitates discussion about cases.

MEASUREMENTS

No satisfactory method of measuring the results of this educational work has been devised. It is quite impossible to gauge the effectiveness of any teaching program by observation over a short period of time. Indications of progress in the development of sound educational work are measured by observing the following points:

Increasing interest of the nurses in nutrition teaching.

The types of cases referred to nutrition workers by the nurses.

The response of patients to home visits.

The interest of mothers in the prenatal class work.

The improved quality of the prenatal visit, the interest shown by nurses in nutrition teaching, and the response of patients to the work of both nurses and nutritionists give sufficient encouragement for continued development of the present plan of work.

THE NEW HAVEN VISITING NURSE ASSOCIATION

Eighteenth in the Series of "Homes"

THIS Association started in 1905 with one nurse and \$650. Space for a desk and supply cupboard was rented from the Organized Charities; and there the work was carried on till it had outgrown all available space in the building. Then, when a fine old house in a suitable location came into the market, it was bought, altered and equipped, at a cost of \$51,916 supplied by contributions from the Directors,

financed by the Hospital but manned and directed by the V. N. A.

The Child Welfare Department was formed by merging an existing organization with the Visiting Nurse Association. This meant well-baby conferences and milk stations, and led naturally to prenatal and postnatal care of mothers, and to coöperation with the special clinics for rickets, started by the Pediatric Department of Yale Medical School.

Later, in 1922, it was found advisable to return to a generalized program, retaining specialized supervisors for the oversight of cases.

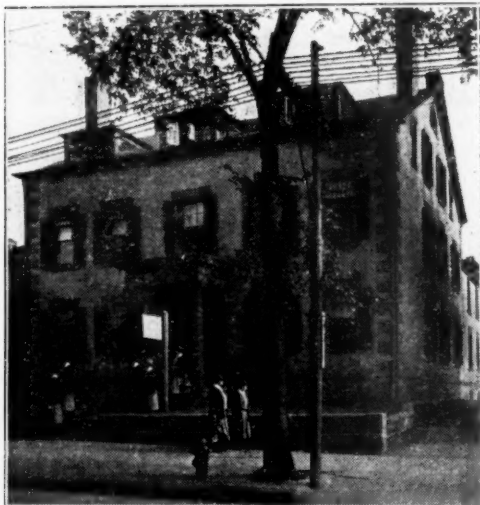
The Superintendent, Miss Hills, a graduate of Rhode Island Hospital, was the first nurse and has continued in charge of all the work. Her tact and judgment have won many friends for the Association, and her unvarying insistence on high ideals has kept the professional standard in the front rank.

When in 1915 the need for more and better-equipped nurses became imperative, she started a modest course in Public Health Nursing for a few selected registered nurses. In 1918 this was broadened by instruction given by members of the Yale Medical and Graduate School Faculties. In 1922 economic reasons forced its discontinuance but not before its graduates had proved their calibre wherever they went. A certain number of the pupil nurses from the local hospitals are each year given two months in the field with the Association nurses.

The Home Economics Department, with 2 trained workers and 5 visiting housekeepers, gives valuable supplementary teaching to mothers in the proper care and feeding of their families.

The records are kept according to the latest methods by a trained office force using modern equipment.

Whenever possible, supervisors and



Headquarters—One of the fine old New Haven Houses

nurses and some other women. This has been Headquarters since 1918, with ample space, including a fine auditorium which is in constant use.

Always the Association has stressed the instructive side of the work, and taught and practiced close coöperation with all social welfare agencies in city and state. For some years, special departments were maintained, the most important being the Tuberculosis and Child Welfare. The former connected the Association with the New Haven Hospital and Dispensary, and the Employees' Tuberculosis Relief Association. Christmas Seals provided funds for starting a Day Camp; this was later

nurses have been given opportunity to attend national and state organizations.

The three original incorporators formed the nucleus of the Board of Directors. Each new member has been chosen for a definite object, as representative of a civic group, as a worker or an organizer. Under the able leadership of the President, Miss Prudden, each Director has taken her share of committee work. This has been a great

asset to the nurses, who have always felt themselves aided by the Board.

The nursing force now—1926—consists of the superintendent and assistant superintendent, 5 supervisors, 35 staff and 7 substitute nurses, besides the pupil nurses. Nine of the nurses are Memorial Nurses. Five Ford cars and committees of outside volunteer workers increase unquestionably the efficiency of the organization.

Miss Mary G. Fraser, Supervisor of the Public Health Nursing Service of Miami, Florida, has sent us an account of some of their work during the recent hurricane, from which we publish a brief abstract.

The tourist camps of Miami suffered greatly, many of them being entirely demolished. A large unit of nurses under a physician was detailed to visit them daily. Jackson Memorial Hospital was badly damaged but not one patient received a scratch. Nurses there worked for twenty-four hours in water seven inches deep and hundreds of patients were received and cared for.

Mrs. Gertrude Rubelli, who was assigned to the Hialeah district, which suffered most acutely from the storm, contributes this dramatic account of the three days following the hurricane.

During the evening of Friday, September 17th, the wind began to increase from a light trade wind to a gale of hurricane force. At 5 A.M. the glassed front of our house blew in and the roof sailed off. Crawling over broken dishes, furniture and broken pieces of porch, we got into our closed car. As it would not start, we hailed the first one passing and asked where they were taking the injured so that I might help. At the emergency hospital in the church, I found our two doctors giving first aid. Relief workers were bringing in the injured rapidly. They were placed on chairs, benches, mattresses and even broken doors used for stretchers. One man had a big gash across his head; another a big piece of splinter through his cheek and nose; an old man both legs badly fractured; a woman was dying from internal injuries. One whole family was brought in, one child dead, one possible fractured skull, the mother, father and baby with severe lacerations of the body. Three dead children and one young woman, unknown, were brought in. Some people had only night clothes, others were wrapped in wet sheets or blankets or whatever they had been able to find as their homes were blowing away. Every car that could run brought in injured and dead and people who needed shelter.

At 8 o'clock the wind and rain started again with more fury. Houses which had held up in the first storm were swept away in the second and the water was rising rapidly. The church was nearly filled with sick, wounded and homeless; between 400 and 500 were already there. The wind and rain swept through the church. All the wounded that could be moved were carried to the altar and choir platform. The water was rising inside and out. It was over our knees in the front of the church and people were on benches trying to keep out of it. The roof was blown partly off and the walls were weakening. A man fell down trying to reach the church and others, tied together, went out and rescued him before he drowned. But the church withstood the storm and at about 12 o'clock the rescue work was resumed.

A baby had been born in a car in front of the church. The doctor went from there to another confinement and arrived just in time. The water being up to the springs of the bed, the family were all moved to drier quarters.

All Saturday and Sunday the rescuers continued looking among the ruins, finding a few people injured and dead. They shot and killed seven alligators and snakes which had come in from the Everglades. Sunday patients were moved to drier quarters in hotels and apartments that had not blown down. Monday all serious cases, about 35, were moved to Jackson Memorial Hospital. By Tuesday night dry quarters were found for every one. I left the church for the first time since the storm, having slept on the floor with three others, all with our clothes on, waiting for a call to help if necessary.

ANNUAL MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION

The 55th Annual Meeting of the American Public Health Association in Buffalo, October 11 to 14, broke all records for attendance and many feel that no previous meeting has shown greater interest and enthusiasm. The programs of the various sections were notable in their interest and pertinency to current problems. Of particular interest were the sessions on rural health work, health education and publicity, industrial hygiene, and municipal health administration. The usual difficulty was experienced in having to decide which of several sections, in session simultaneously, to select.

The exhibits were conveniently arranged in rooms adjacent to the parlors in which the different sections met so that the constantly shifting streams of visitors flowing from one meeting to another passed through the exhibit aisles, thus insuring not one but many contacts with the various exhibits in the course of the convention.

The Nursing Section easily proved itself as coördinant in importance with the other sections of the American Public Health Association. The meetings were well attended, some of them

so packed that adjoining rooms had to be thrown open to accommodate the audiences. The Thursday morning meeting of the section devoted to the consideration of Nursing in Relation to the Three Plans submitted for Municipal Health Department Practice was outstanding in its excellence and well worth all the careful thought and effort which had been put into it by the officers of the Nursing Section and the speakers.

The entertainment features of special interest to public health nurses consisted of an afternoon and evening spent at Niagara Falls as guests of the Shredded Wheat Company, a special illumination of the Falls being put on for the benefit of the Convention visitors in the evening; a reception and tea at the Twentieth Century Club; a dinner at the Statler Hotel at which some 250 nurses, including a large number of Buffalo nurses, were present, and several trips to local hospitals and sanatoria. Many nurses registered at the Convention also attended the Annual Meeting of the New York State Health Officers and Public Health Nurses.

JANE C. ALLEN

Note: The report of the Nursing Section will appear in the December magazine.

TWENTY-SECOND ANNUAL MEETING OF THE NATIONAL TUBERCULOSIS ASSOCIATION

The Annual Meeting of the National Tuberculosis Association, Washington, D. C., on October 4 to 6th, followed immediately upon the previous week's gathering of the International Union Against Tuberculosis.

A number of delegates from foreign countries stayed over to attend the meeting of the National Tuberculosis Association, and their presence at the various section meetings added considerable interest and inspiration. In spite of the extremely hot weather with

which the beautiful city of Washington welcomed its visitors, the enthusiasm which is characteristic of tuberculosis workers was not lacking.

Public health nurses as usual were well represented at all the meetings. Of special interest to N.O.P.H.N. members was the report of Dr. Edward E. Baldwin, Chairman of the National Committee on Tuberculosis Nursing, in which he announced that the Rockefeller Foundation has made a grant for five years to the D. Ogden

Mills Training School at the Trudeau Sanatorium, New York, for the purpose of demonstrating the practicability of affiliations with accredited tuberculosis sanatoria for training in tuberculosis nursing for general hospital pupils or graduates.

Dr. Edward A. Baldwin, as Chairman of the National Tuberculosis Association committee on tuberculosis nursing education, on which the League of Nursing Education and the N.O.P.H.N. are represented, presented the committee report in the form of three resolutions which set forth the advisability of affiliations between general hospitals and accredited tuberculosis sanatoria for both undergradu-

ate and graduate education in tuberculosis nursing.

The discussions on tuberculosis nursing in a generalized program centered not so much on the question as to specialized versus generalized public health nursing as upon ways and means of insuring adequate and effective tuberculosis nursing in a general service.

The next annual meeting of the National Tuberculosis Association will be held during the week of May 23, 1927, in Indianapolis. The next conference of the International Union Against Tuberculosis will be held in Rome in 1928.

JANE C. ALLEN

MEETINGS OF THE NURSING SECTION, NATIONAL TUBERCULOSIS ASSOCIATION

A Convention large enough to represent many interests and yet not so large as to prove bewildering to those attending! The meetings of this well planned Convention were attended by many genuinely interested in tuberculosis and the problems which it presents. The clinical, pathological, sociological, and nursing aspects of the problems were discussed and no opportunity was given anyone to assume that health workers dare relax their efforts to eradicate the disease. An even greater interest was aroused, with emphasis on the necessity for prevention.

Recent advances in the treatment of tuberculosis were discussed and a comparison of methods indicates that rest and fresh air remain the foundation of whatever treatment one might undertake against tuberculosis.

It is impossible in this brief report to bring out all the points of importance considered at these meetings. All public health nurses will find it worth while to obtain copies of the papers which will be printed by the National Tuberculosis Association.

In the session devoted to the preparation of nurses in tuberculosis nursing Miss Goodrich, Dean of the School of Nursing, Yale University, pointed out how impracticable it is to consider any

health work, because of the very nature, prevalence, and character of tuberculosis, as aloof from this particular branch of nursing. The application of the case study method in the education of the student in tuberculosis nursing, Miss Goodrich said, offers unusual opportunities for creating an interest in and understanding of problems connected with this phase of nursing.

Mlle. Helene Mugnier, Directress of School of Nurses, Lyons, France, presented the plan which is being followed in France to meet the demand for "health workers." Tuberculosis nursing from the public health standpoint is the responsibility of this specially trained group of workers, and the rôle of the tuberculosis dispensary plays an integral part in their education.

Miss Katharine J. Densford of Chicago made the plea that every school of nursing give every student nurse education, both theory and practice, in tuberculosis nursing. Miss Densford called attention to the need for training in public health phases of tuberculosis and suggested that a definite part of the training be devoted to work with dispensary patients.

Dr. Edward R. Baldwin, Chairman, Committee on Tuberculosis Training for Nurses, reported that studies made

by the Committee since it was appointed in 1925 indicate that little progress has been made in the training of the nurse. Dr. Baldwin emphasized the necessity for the study of tuberculosis under modern conditions if we hope to arouse a real interest among nurses in general and to facilitate early diagnosis and treatment for the patient. The announcement that the Rockefeller Foundation has made a grant to cover a five-year period to the D. Ogden Mills Training School at Trudeau Sanatorium was received with enthusiasm.

In the session devoted to discussion

of programs in tuberculosis and public health nursing Miss Grace Anderson discussed A Generalized Program; Miss Laura Gamble, A Rural Nursing Program, and Miss Jane Allen, Tuberculosis Nursing in a Generalized Service Plan. Not a dissenting voice was heard to challenge the assertions that tuberculosis nursing has a definite and legitimate place in the generalized public health nursing program. As very aptly stated by Miss Jane Allen, "Good tuberculosis nursing is a generalized service par excellence."

JANE D. NICHOLSON

THE MOHONK CANCER SYMPOSIUM

A symposium on cancer control was held at Lake Mohonk, N. Y., September 20-24, under the auspices of the American Society for the Control of Cancer, but including in its program many distinguished foreign authorities on cancer. The purpose of the Symposium was consideration of the prevention and cure of cancer from a practical standpoint, and expression in concise language of the fundamental groundwork of fact and opinion upon which the collective effort now being made in the United States and other countries for the control of cancer should be continued and extended.

The program consisted of twenty-seven papers and discussions which covered practically every phase of the cancer problem.

Two resolutions were passed at the meeting:

One—a proposition to form an international federation to bring about more meetings such as the Symposium, and publish in at least three languages an index and abstracts of all papers on cancer which appeared anywhere in the world.

Two—the adoption of a statement of the facts and opinions upon which campaigns against cancer should be conducted.

Of these facts and opinions we give the following outline:

The cause of cancer is declared to be unknown, the germ theory having been rejected, not as untrue, but as yet unproved. It is agreed that cancer is not itself inheritable.

Efforts toward the control of cancer at the present time depend on the employment of measures of personal hygiene and certain preventive and curative measures.

The only dependable cures for cancer at present known are radium, the X-rays and surgical removal.

The forecast is reasonably good provided the disease is discovered in time and is treated promptly and radically. One recommendation is especially important—that more effort be expended by physicians in learning the premonitory signs of cancer, so that the disease may be diagnosed at an earlier stage.

Dentists can help in cancer control by learning the causes, especially with reference to the irritation produced by imperfect teeth and improperly fitting dental plates.

Efforts toward the control of cancer should be made in the two following directions:

The promotion of research to increase the existing knowledge of the subject.

The practical employment of the information which is at hand.

The general opinion of the Symposium was that there was no single cause of cancer, but that it was usually the result of a combination of factors.

Sir John Bland-Sutton, President of the Royal College of Surgeons, London, who spoke on the hope of eventually mastering the disease, said:

The microscope is indispensable in the investigation of cancer. The only reliable test of the nature of a tumor is a microscopic examination by an expert. Bacteriologists have revealed to surgeons important facts in cancer natural history.

Biochemistry is involved two-fold in the control of cancer. The biochemists provide agents for the prevention of sepsis. Results produced by chemotherapy indicate that the day may come when it will be possible to introduce into the anatomy a molecular mechanism which, like a cunningly contrived torpedo, shall find its way to some particular group of living elements and cause an explosion among them, leaving the rest untouched.

It is necessary to educate men and women to the importance of seeking advice for nodules, birth marks, warts, moles and chronic ulcers. Their removal is, as a rule, simple and safe. We need not be pessimistic. Science is the name of coördinated knowledge, and we may feel sure light will come.

Dr. Handley, Surgeon to the Middlesex Hospital, London, said in part:

The detection of early cancer is not a one man job. It may require the coöperation of the patient, the family doctor, the specialist and the pathologist. It may be impossible even then in some cases.

The campaign of the Swiss National League against cancer was described by Dr. Charles Dubois of Switzerland, President of that organization:

The league has a large amount of material for purposes of exhibit which constitutes an important collection of data regarding cancer. This exhibit is carried from one place to another, even into remote villages, and physicians who are members of the league give explanations or hold meetings. For ten years this institute has been the only effective organization in Switzerland for combating cancer by radium.

The discovery of a method of producing an artificial susceptibility to cancer was described by Dr. J. Maisin, Director of the Cancer Institute of the University of Louvain. Cancers had been produced artificially in mice in cancer researches by painting them with coal tar. This is of great importance because one of the fundamental problems concerning cancer is how far it is due to a condition of susceptibility and what causes such susceptibility.

Dr. Gustave Roussy of the University of Paris took issue with Gye and Barnard, the English scientists who last year announced that they had succeeded in isolating the cancer organism. Said Dr. Roussy:

Gye and Barnard developed a most interesting hypothesis, but made the mistake of generalizing too much in regard to its significance. According to these authors cancer is due to a filtrable virus, or ultra virus, one of those infinitely minute living organisms which pass through the finest filters and are invisible by ordinary methods. Today it is almost unanimously agreed that these authors made a mistake.

Dr. Roussy said the present trend of thought with regard to the cause of cancer was leaning more and more to the idea of an intrinsic disturbance of cell life.

Dr. Louis I. Dublin, statistician of the Metropolitan Life Insurance Company, declared that during the last fifteen years there had been an increase of 47 per cent in cancer mortality for males and 21 per cent for females. This was partially explained by the fact that the average duration of life had been extended during that time and that most of the deaths from cancer followed middle age. Dr. Dublin said further:

These figures are perhaps as alarming and disconcerting as have ever been gathered on the cancer mortality problem. We are now confronted with a new situation because of the reduction in the mortality from other conditions, and this is bound to continue, for, with every improvement in the conditions of life in the early ages, more and more people will approach the later period when the population is exposed to the cancer menace.

Particularly should the attitude of the medical and public health professions toward this disease be revised. The effort which has been made during the last ten years to deal with cancer is, in the light of our figures, relatively puny. Where we ought to be spending millions for research we are spending thousands. The recognized facilities for the care and treatment of hopeful cases are pitifully inadequate and unorganized. What are intelligent laymen, physicians and surgeons going to do about the huge cancer hazard which confronts the average citizen to-day?

DOCTORS AND NURSES NEED THE HEALTH VIEWPOINT

BY FLORENCE A. SHERMAN, M.D.

Assistant Medical Inspector, New York State Department of Education

DURING the past sixteen years, in connection with health educational work, in this and another state, I have had a part in the endeavor to put over a health program through school medical inspection. As I review the work done, I believe that decided progress has been made, but that we have far from accomplished what we should or could, and I have come to the conclusion that one of the main reasons for this has been the lack of the health viewpoint of the doctor, nurse, and teacher. There are some 1,600 doctors and a large number of nurses in this state doing school health work. Some of them are hygienists and some of them are not. Those who are are putting over a health program.

I have reached the further conclusion that the doctor must begin his health program with himself. He must endeavor to be physically fit, believe in, embody, and radiate health in connection with the things he is trying to do. In other words, he must practice what he preaches. I have not always held this viewpoint, but I assure you I do to-day. I believe the doctor should be a *health teacher* in every contact he makes. It matters not in what special field he is working, public health, school health, private practice, health direction in the colleges or industries, the obligation is the same in connection with the profession which he represents. Teaching boys and

girls and men and women health laws, how to live wholesomely and healthfully, in order to measure up to their highest state of efficiency, should be the large part of the work of the doctor of to-day. I believe it is a much finer job to show people how to keep well than it is to cure them after they become sick. It takes a clever doctor or nurse to do this. We must all learn to think in terms of *health* and to make health contagious through example as far as possible. We are all familiar with what a doctor who is vigorous and vital does for his patient: the psychology of this goes far. To-day's program is one of health. Prevention, not cure, should be stressed in our Medical Colleges and Training Schools more than it is. Physical, mental, and moral fitness are obligations in connection with the high purpose of our profession. I believe we may well ask ourselves these questions:

Have I acquired and am I giving the health viewpoint?

Am I physically fit?

Am I having and urging periodic health examinations?

Am I practicing what I preach?

Am I a good representative of health?

In conclusion, may I express the belief that no matter how earnestly we seek to give others these health measures, the greatest recommendation will be our own observation and embodiment of them.

I can say, with the Queen of Carthage, "I have lived." I can say more—I am living. Year by year the vision has grown only the more splendid, while year by year I have heard only more clearly the still, sad music of humanity. In spite of all that man has done to strip the earth of her wild beauty, to me she is still new every morning, and more beautiful with every night—this little earth, attached like a whirligig or "roundabout" to her sun by invisible ropes, chaining her moon by invisible ropes to herself, and swinging safely along her course among the infinitude of stars.

More Changes More Chances, Henry W. Nevins

COÖPERATIVE NURSING IN CHARLOTTE, N. C., AND MECKLENBURG COUNTY

BY CLARA ROSS

Supervisor, Charlotte Coöperative Nursing Association

The ninth of the series on Amalgamation or Federation of Public Health Nursing Services: Evansville, Indiana, June, 1925; Dayton, Ohio, October, 1925; Akron, Ohio, December, 1925; Charleston, West Virginia, February, 1926; Nashville, Tennessee, March, 1926; Charleston, S. C., June, 1926; Columbus, Ohio, September, 1926; Louisville, Kentucky, October, 1926.

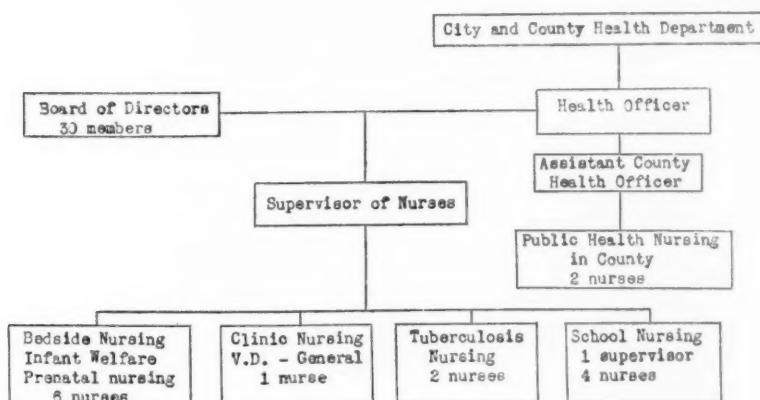
ALL visiting nursing in Charlotte was merged with the United States Public Health Service nursing unit in the cantonment zone around Camp Green during the war. The value of amalgamation of public and private agencies in cities of from fifty to seventy-five thousand was so clearly demonstrated that this form has been continued in the Charlotte Coöperative

County health work was developed in affiliation with the city department in 1921. Two nurses do county work under the State Board of Health plan.

Representation on Board

The Board of Directors of the Charlotte Coöperative Nursing Association is composed of representatives from agencies financing a public health

Organization of Charlotte Coöperative District Nursing Association



Nursing Association since January, 1919. The public and private agencies have placed their nursing under the direction of the Health Department. The work to be done is defined by the source of financial support, but the execution of the program is left with the Director of the Health Department.

The staff consists of a supervisor of nurses, a supervisor of school nurses, and thirteen nurses. Six colored nurses on the staff work in the colored districts, one does tuberculosis nursing, two school nursing.

program, other interested organizations and members at large which include the Mayor and Commissioner of Public Safety. In detail the Board of Directors is made up as follows:

Medical Society	3	representatives
Goodfellows' Club	3	"
Woman's Club	3	"
Board of Education	1	"
Parent-Teachers' Assn.	3	"
Western Union Tel. Co.	1	"
Associated Charities	3	"
National Junior League	1	"
Red Cross	1	"
Metropolitan Life Ins. Co. .	1	"

This Board has monthly noon meetings with an average attendance of twenty members. At these meetings the policies are defined, business transacted, and report of the work given. That these members take an active interest in a community health program was shown last year, when they put over a bond issue for a county tuberculosis sanatorium by their work at the polls.

The service is partly a generalized nursing service. The only specialized department is that of school nursing. The trend is toward more complete generalization. The entire group of nurses come together in conference, pack their bags from the same supplies, and are in close touch with each other's record files.

Finance

Public funds which come from the City and School Board are paid out directly as salaries, car upkeep (including gas for all cars), and requisitioned supplies. The commodious quarters are in the City Health De-

partment building. All private funds and semi-private funds are pooled and handled by the treasurer of the nursing association. The different organizations stipulate the service that is to be rendered for the financial support. For example, the Woman's Club supplies from the Christmas Seals sale the salaries of two nurses for tuberculosis work. The Goodfellows' Club, a luncheon club of six hundred men, supplies the salaries of three nurses for the sick poor and infant welfare. The supervisor of nurses renders a report to the Board that this service has been rendered.

Fees of 75 cents for a nursing visit and \$1 for a maternity visit are collected from patients other than Metropolitan policy holders, mill employees or their families, or patients unable to pay. The collection of these fees, however, is left to the discretion of the nurse.

This plan in Charlotte has the support and good will of the entire city, and has worked well.

INTERNATIONAL HEALTH MEASURES

An international guard upon health much closer than ever before agreed upon will be the chief benefit of the work of the six weeks' International Sanitary Conference called by the French Government, held in Paris during May and June, 1926.

This is the latest of several conferences already held, beginning twenty-five or thirty years ago and meeting successively in Vienna, in Venice and in Rome, originating from the concern of European governments for the international control of epidemics of cholera and plague which threatened the West by way of Mohammedan yearly pilgrimages. As a result of these conferences many of the governments of the world were in the past officially requested to send representatives to form an international health treaty. This treaty made provision for a permanent international health office and a Permanent Committee consisting of one representative from each of the signatory powers, to be centered in Paris, to keep a check-up on the health conditions between nations. The constant advances in medical science made the original agreements ripe for revision, and these conferences resulted in the International Sanitary Convention of 1912. After the World War the French government took up the matter of further revising the agreement then current and so called the conference which met in Paris May 3rd of the present year, including representatives of sixty-odd nations. The treaty prepared by this latest conference is called the new International Sanitary Convention of 1926 and has been signed by all the participating nations but has not yet been ratified by them all. Support in the matter of reporting diseases was pledged by all the countries represented. It will have the financial assistance of America.

The new convention is a decided advance upon those of former years. It recognized the international importance of typhus fever and smallpox as well as cholera, yellow fever and plague. Regional weekly dispatches are to be sent from Singapore to all nations, giving the health situation in the Far East. The conference also recognized the necessity for fumigation every six months for rat infested ships.

The international sanitary laws are to be under the control of the International Committee and the Paris office is authorized to utilize the facilities of the Health Section of the League of Nations and the Pan-American Sanitary Bureau in securing and disseminating information relative to the diseases mentioned. It was agreed that the nations should determine on their own information whether or not quarantine measures are to be invoked.

EUTHENICS

The First Institute at Vassar

Housewives, teachers, engaged girls, social workers and club executives, numbering forty and more, gathered at Vassar on July 8th for the first Institute of Euthenics. Twenty were mothers fortunate enough to have children admitted to the nursery school, children who, under the wise supervision of a staff of trained psychologists, kindergarteners, nutrition workers and nurses, played and napped and ate together in happy companionship. Thirty days of such experience was surely a unique experience for any child, thirty days spent almost wholly out of doors, with the most modern play equipment, under the shade of the matchless trees on Vassar campus. At the end of each daily session the nursery school staff met to discuss the needs and development of each child and to plan together for the coming day such activities as would best meet those needs and further that development.

In the meantime the mothers were free to attend with other members of the Institute the lectures in child psychology, social economics, household technology, cooking, horticulture and home nursing. As one woman said,

This is the first time since I left college that I have had a moment free in which to study; now I am not only free to study but I have an opportunity to study with experts, to study my job and feel sure that my three year old child has the best possible care during those hours of the day that I am away from her. More than that, when I leave I shall have a report on that child from these experts who can observe my child with unprejudiced eyes and tell me just how satisfactorily my child is adjusting with other children, whether or not my relationship with her is wise and wholesome, and how far my theory and practise of child training are justifying themselves.

Throughout the month lectures on the child and its family and social relationships and on the family and its social relationships were given by Dr. Groves, Dr. Thomas W. Salmon, Dr. Frankwood Williams, Dr. John B. Watson and others.

It was an interesting fact that a number of the Institute members who were teachers left behind with the faculty the plea that teachers be always kept in the minority. As they said,

We can go to a dozen places and take special courses in these subjects but only here are they related to each other and to the work of home-making in one intensive, significant course. In a dozen other places we can meet other teachers, in fact our lives are largely made up of contacts with other teachers, but here we are meeting parents, are living with parents and studying with parents and they and their problems are humanizing and enlightening our whole approach to our work.

The fee was \$125 for the course, a fee which included all living expenses for the month as well as tuition.

The summer course of Euthenics would prove of particular value to the nurse who contemplates work with children, for opportunity for observation in the nursery school was given to all and, later in the course, when the lectures in child psychology were well under way, participation in the direction of the children's activities, always under the careful supervision of the members of the staff was also possible.

Many husbands visited over weekends attending lectures with their wives. Vassar's first Institute of Euthenics proved, indeed, a piece of unmatched family education.

JULIA WELD HUNTINGTON
Norwich, Conn.

Commenting on the establishment of the Division of Euthenics at Vassar College, *The Vassar Quarterly* says:

At last we know what this mellifluous new word means—the science of controllable environment, the science which focuses all available knowledge of environment, of heredity,

of whatever may be used to better human conditions, upon a direct effort to improve the quality of the human product, and the surroundings in which it must live and develop.

It is certainly an experiment which is peculiarly suitable for a woman's college to make, for whatever may be the difference of opinion as to "woman's sphere" or "woman's capabilities," the personal care of human beings seems to be her undisputed job.

Euthenics should be developed along three lines, says Professor Annie I. MacLeod, professor of chemistry and director of euthenics, discussing the nature of the course to be included in the college curriculum, and citing Mrs. Ellen Richards, a graduate of Vassar, who coined the word euthenics:

First, sanitary science, which she distinguishes as comprising laboratory studies of conditions, causes, and remedies;

Second, education, under which she classifies informational courses bringing within the reach of all the knowledge of the laws developed in the laboratory;

Third, the relation of science and education to life. . . .

Certain new courses should be introduced. There is need for a course dealing with the housing situation from the point of view of the individual house owner and of the sociologist. The education of the householder for public health must be still more stressed, as might also the psychology of personal relationships and family life.



Courtesy of the Woman's Home Companion

CAMPAIGN FOR CLEAN AND SAFE MILK

The enforcement of the National and State Food and Drug law has practically eliminated the grosser and more dangerous forms of adulteration of foods and drugs and made a new standard for truthfulness of statement on labels.

The one outstanding exception to the accuracy of this general statement is the case of milk, for a considerable portion of the nation's milk supply is still produced and distributed under insanitary conditions, and is potentially dangerous. This generally admitted condition led to the coöperative plan for a nation-wide clean and safe milk campaign, the first preliminary report of which was compiled by Dr. S. J.

Crumbine, General Executive of the American Child Health Association, and read before the American Health Congress, Atlantic City, May, 1926.

Dr. Crumbine's report lists the objectives of the campaign as follows:

1. To stimulate the production and distribution of an abundant, clean and safe milk supply.
2. To center the responsibility for such production and distribution on dairymen, milk dealers, and state and local dairy and health officials.
3. To promote increased consumption of milk after reasonable assurance of its safety.

A questionnaire was sent to all state, territorial and provincial health officers, requesting data on the milk-borne

epidemics in their territory during the years 1915-1924-1925. Forty-two states, the District of Columbia, 3 territories of the United States and three provinces of Canada responded.

Owing to the incomplete keeping of epidemiological records in 1915, the figures for that year had to be discarded and the findings for the other years were as follows:

Diseases	1924				1925			
	No. of health officers reporting	Number of epidemics	Cases	Deaths	No. of health officers reporting	Number of epidemics	Cases	Deaths
Total—all milk borne diseases	..	43	1,373	87	..	44	1,913	43
Diphtheria	18	2	46	0	18	2	40	42
Scarlet fever	20	6	230	0	20	6	199	1
Septic sore throat*	9	1	80	0	11	5	1,024	2
Typhoid fever	28	33	1,013	85	27	30	639	36
All others	15	1	4	2	18	1	11	2

* In many states septic sore throat is not a reportable disease.

The second objective bears closely on the source from which came the whole idea of a clean and safe milk campaign. At a meeting of the Society of American Dairy, Food and Drug Officials in 1923, a resolution was passed that the association join with the State and Provincial Health Authorities in a nation-wide effort to secure a clean and safe milk supply. That year, through the coöperation of the American Child Health Association and the State Health Officials of North Dakota a campaign was launched at Fargo and since then on the same basis, 12 other states have put it through.

For the most part these were agricultural states, the rural sections were visited, and the smaller cities and country towns where milk supervision has not yet been undertaken. The results so far are ones which show overwhelmingly the need of improvement. To stimulate this, the American Child Health Association has sent an official into eight of the twelve states on a follow-up campaign with the result that in most cases he has secured good cooperation from the dairymen.

In the conduct of the investigation in many states, the American Child Health Association volunteered the use of its field milk laboratory.

In the pursuit of its third objective, the Association offers the surprising information that the per capita consumption of milk in the United States is estimated as low as from 1/2 to 8/10 of a pint daily, which is much below the estimated need. Considering that the first step toward stimulating milk consumption will be rendering the milk safe, Dr. Crumbine concludes that this means not only effective supervision, but eventually the pasteurization of all milk sold for human consumption. He points out, however, that for economic reasons the latter requisite becomes impossible in rural communities and refers the question raised to health workers as follows:

Is the final answer municipal or county control of a central pasteurizing plant, if, and when, there is general agreement that the health hazard and the dangerous contamination of milk, either from the dairy cow or from human sources is so great that some form of pasteurization or sterilization is demanded?

Editor's Note: A limited supply of copies of this Report are available and may be obtained on request to the American Child Health Association, 370 Seventh Avenue, New York City.

ACTIVITIES of the NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING

Edited by JANE C. ALLEN

QUARTERLY MEETING OF THE EXECUTIVE COMMITTEE

The quarterly meeting of the Executive Committee was held on September 29th and 30th, at which time the Standing Committees for the next two years were appointed. In order that there might be better geographical representation on the committees, it was decided to designate for certain large committees small Executive Sections to include those members of the larger committee who live within reasonable distance of the headquarters office. The large committees will be kept in close touch with committee affairs and the small executive sections will be able to have the benefit of the advice and counsel of the larger groups.

Branch Development and Revisions

Gertrude Bowling, *Chairman*
Alice Bagley
Winifred Rand
Katharine Faville
Olivia Peterson
Mary Davis
Helen Boyd
Cecil Schreyer
Ruth Houlton

Rosalind Mackay
Mrs. Helen D. Moore
Marie Phelan
Elena Crough
Margaret East
Winifred Fitzpatrick
Nannie J. Minor
Anna Ewing
Laurie J. Reid

Executive Section

Gertrude Bowling, *Chairman*
Winifred Rand

Helen Boyd
Winifred Fitzpatrick

Anna Ewing

Membership

Mrs. E. G. Schreves, *Chairman*
Mrs. Roger Young
Emilie Robson
Mary Febiger
Miriam Ames

Mrs. Theodore Sachs
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Bettie McDonald
Mrs. Robert Dieck
Mary E. Edgecomb

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Zoe LaForge
Edna Foley
Dorothy Deming

Janet Geister
Mary Arnold
Mrs. Chas. Lockwood
Grace Holmes
Mrs. W. H. Lee

Executive Section

Elizabeth Fox, *Chairman*
Sophie Nelson

Dorothy Deming
Janet Geister

Mary Arnold

Magazine Amalgamation

Florence Patterson, *Chairman*

Elizabeth Fox

Grace Anderson

Finance

Mrs. John A. Haskell, *Chairman*
Mrs. John W. Blodgett
Mrs. John M. Satterfield
Mrs. Whitman Cross
Mr. Alexander White

Mrs. Churchill Humphrey
Miss Grace Hills
Mr. Michael Davis
Miss Marguerite Wales
Elizabeth Folckemer

Mrs. William R. Mercer

Nominating

Harriet Frost, *Chairman*
Mary Laird

Mrs. Elizabeth Soule
Minnie Ahrens

Linnie Beauchamp

Education

Katharine Tucker, *Chairman*
Isabel Stewart
Blanche Pfefferkorn
Dr. Ambrose Suhrie
Dr. Allen Freeman
Abbie Roberts
Marion G. Howell

Marion M. Rice
Lillian Hudson
Ruth Houlton
Mary Gardner
Gertrude Hodgman
Amelia Grant
Anna Wolf

Mrs. E. A. Codman

Eligibility

Gertrude Hodgman, *Chairman*
Abbie Roberts

Amelia Grant
Ruth Houlton

Blanche Pfefferkorn

A special committee to study the question of organizing a lay section of the N.O.P.H.N. in accordance with the suggestion made by one of the lay members at the Atlantic City meetings, was appointed as follows:

Mrs. Whitman Cross, *Chairman*
Mrs. Julia W. Huntington
Anna Huber

Gertrude Peabody
Eleanor B. Green
Mrs. C.-E. A. Winslow

This committee will appreciate hearing from the members of the N.O.P.H.N., especially the lay members, as to opinions for or against the formation of such a section.

The Records Committee, which functioned last year in the production of standard record forms for public health nursing, will continue. The project for the coming year will be the preparation of standard report forms. This committee is as follows:

Mrs. Mabel DeBonneval, *Chairman*
Mrs. Helen LaMalle
Mabelle Welsh

Dr. Emma Winslow
Emma R. McLeod
Mathilda Harris

Advisers

Dr. May Ayres Burgess
Dr. Louis Dublin
Phillip Riley

Cecilia Evans
Dr. Ira Hiscock
Mary V. Dempsey

Dr. W. F. Walker

The Education Committee has found it advisable to abandon the proposed study of undergraduate affiliations in public health nursing inasmuch as assurance has been given that the Committee on the Study of Grading of Nursing Schools will cover this field. It will thus be possible for the Education Committee to center its attention during the coming year upon a study of staff education.

STAFF ATTENDANCE AT MEETINGS

Miss Allen attended the meeting of the National Tuberculosis Association in Washington, D. C., October 4th to 6th, where she read a paper at one of the Nursing Section meetings on "Tuberculosis Nursing in a General Service Plan."

The N.O.P.H.N. was represented at the American Public Health Association Convention in Buffalo, October 11 to 14, by Miss Allen and Miss Short. Miss Short read a paper on "School Nursing Procedures." The N.O.P.H.N. exhibit at the Convention re-

ceived a great deal of attention and a number of new subscriptions and memberships as well as orders for the Manual and other reprints and leaflets were received.

The same exhibit was also put on at the State Nurses' Meetings in Binghamton, New York, during the week of October 25th. Mrs. Anne L. Hansen attended the Binghamton meetings and presented a paper on "Standardization of Public Health Nursing Work."

Other engagements of the staff during October were as follows: On October 15th Miss Short spoke on "Standards in School Nursing" at a meeting of the Southeastern District of the New York State Teachers Association held at the Pennsylvania Hotel, New York City.

On November 4th Miss Short attended a meeting of the Central Western District Association at Rochester, N. Y., as Chairman, and spoke on the "Social Service Aspect of the School Nurse's Work."

Miss Allen attended the annual meeting of the Georgia State Organization for Public Health Nursing in Savannah on October 21st, speaking in the morning on the subject of

"Rural Health Needs and the Opportunity for the Public Health Nurse to Develop Health Work in the Small Community" and in the evening on "Recent Developments and Trends in Public Health Nursing."

On October 28th Miss Allen attended the Pennsylvania State Organization for Public Health Nursing, meeting at Philadelphia, speaking on the subject of "Rural Nursing."

On October 6th Miss Brownell represented the N.O.P.H.N. at a dinner conference arranged by the Harmon Foundation of New York City, at which time tentative plans for establishing a Nurses' Annuity were discussed.

Miss Hussey started on October 25th for a trip through some of the Middle Western states. She plans to meet Visiting Nurse Association Boards in Ohio, Indiana, Kansas, Missouri, Iowa, Oklahoma, Wisconsin and Illinois, returning to headquarters about the middle of December. The percentage plan of financial support for the N.O.P.H.N. is making a splendid showing, a large number of organizations having recently voted increases in their percentages.

Acting on the advice of our Treasurer, Mr. Alexander White, the Executive Committee has authorized the employment of the part time services of an expert for three months to make a study of the business administration of the N.O.P.H.N. and to give assistance in making certain adjustments in the business office.

As the Nursing Division of the American Child Health Association the N.O.P.H.N. has been asked to outline a May Day 1927 Project. This Project may be briefly stated as follows:

That during the year May, 1926, to May, 1927, the Nursing Division of the American Child Health Association concentrate its efforts on a greater emphasis in its work with the preschool age group.

That an effort be made to have on hand by May Day, 1927, material with which to develop an outline of objectives and methods in preschool nursing.

CENSUS OF PUBLIC HEALTH NURSING IN THE OUTLYING POSSESSIONS OF THE UNITED STATES, JANUARY 1, 1924

The plan used for gathering information about public health nursing in the United States was followed in getting the information about public health nursing in the outlying possessions of the United States.

This is a supplement to the Census of Public Health Nursing published in the May, 1926, magazine.

On January 1, 1924, there were 20 agencies employing public health nurses and 445 public health nurses employed in 6 of the 8 outlying possessions of the United States. The territories in which public health nurses were working were Alaska, Hawaii, Panama Canal Zone, Porto Rico, Philippine Islands and Virgin Islands.

Conditions in these territories differ so from each other and also from conditions in the United States, that public health nursing should be viewed in the light of conditions in each territory. It would not be reasonable to compare the situation in one territory with that of another or with that in the United States.

The following statistical summary fails to give any adequate picture of the pioneer work that is being done by these agencies and these nurses:

ALASKA

The agencies engaged in public health nursing in Alaska were the United States Department of Interior, employing 13 nurses; four American Red Cross chapters, employing 4 nurses; and two nursing services under the Presbyterian Board of Home Missions, employing 2 nurses: a total of 7 agencies and 19 nurses.

The nurses under these agencies were located as follows:

First Judicial District	12 nurses
U. S. Department of	
Interior	7 nurses
Bayview	
Hoonah	
Hydaburg	
Kake	
Metlakatla	
Tyonek	
American Red Cross..	3 nurses
Juneau	
Ketchikan	
Wrangell	
Presbyterian Church	
Board of Home	
Missions	2 nurses
Haines	
Sitka	

Second Judicial District	5 nurses
U. S. Department of	
Interior	4 nurses
Bethel	
Kotzebue	
St. Michael	
White Mountain	
American Red Cross...	1 nurse
Seward	
Third Judicial District	2 nurses
U. S. Department of	
Interior	2 nurses
Karluk	
Savarnoski	

All the agencies stated they did community nursing, but did not tell what nursing services were included in their nursing program.

The nurses under the American Red Cross Chapters and the Presbyterian Board of Home Missions gave curative and instructive care combined. No information was received as to the kind of nursing care given by the nurses under the U. S. Department of Interior.

All the nursing services except that under the U. S. Department of Interior were supported by private funds.

CENSUS OF PUBLIC HEALTH NURSING IN THE OUTLYING POSSESSIONS OF THE UNITED STATES
Exclusive of Hospital Social Service, Dispensary, and Industrial Nursing, January 1, 1924

TABLE I. GENERAL SUMMARY

	Total	Alaska	Hawaii	Panama Canal Zone		Philippine Islands	Virgin Islands
					Rico		
Area in square miles.....	716,740	590,884	6,449	527	3,435	115,026	132
Population (United States Census, 1920).....	12,148,875	55,036	255,912	22,858	1,299,809	10,350,640	26,051
PUBLIC HEALTH NURSING							
I. DISTRIBUTION OF AGENCIES							
The territory.....	20-445*	7-19*	2-31*	1-1*	3-14*	5-378*	2-2*
Official administration:							
Boards of health.....	2-126	...	1-13	...	...	1-113	...
Boards of education.....	1-10	...	...	...	...	1-10	...
Other official boards.....	3-183	1-13	...	...	...	1-169	1-1
Non-official administration:							
American Red Cross chapters and branches.....	8-102	4-4	...	1-1	1-12	1-84	1-1
Tuberculosis associations.....	1-2	...	...	...	...	1-2	...
Other non-official agencies.....	5-22	2-2	1-18	...	2-2	...	...
Classified according to staff:							
Agencies with one nurse.....	11-11	6-6	...	1-1	2-2	...	2-2
Agencies with two or more nurses:							
With 2 to 9 nurses.....	1-2	...	...	...	...	1-2	...
With 10 or more nurses.....	8-432	1-13	2-31	...	1-12	4-376	...
II. DISTRIBUTION OF NURSES							
Classified by nature of activity:							
Number giving indirect care to patients.....	28	...	3	...	2	23	...
Number giving direct care to patients.....	417	19	28	1	12	355	2

* Figure before dash indicates number of agencies, figure after dash indicates number of nurses employed in them.

TABLE 2. AGENCIES GIVING SPECIFIED NURSING SERVICE, BY TERRITORIES

Territory	Total number of agencies	Morbidity care	Maternity (prenatal, delivery, postnatal, or any combination)	Tuberculosis control	Communicable disease control	Veneral disease control	Preschool (birth to 6 years)	School nursing	Not stated
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Outlying possessions of the United States..	20	6	6	7	4	4	8	9	7
Alaska.....	7	..	..	..	..	..	..	..	7
Hawaii.....	2	1	1	1	..	..	2	2	..
Panama Canal Zone.....	1	1	1	1	..	..	1	1	..
Porto Rico.....	3	1	1	1	..	1	1	2	..
Philippine Islands.....	5	3	3	4	3	3	3	3	..
Virgin Islands.....	2	..	..	..	..	..	1	1	..

TABLE 3. AGENCIES GIVING CURATIVE CARE, PREVENTIVE OR INSTRUCTIVE CARE, AND CURATIVE AND INSTRUCTIVE CARE COMBINED, BY TERRITORIES

Territory	Total number of agencies	Curative care only	Instructive or preventive care only	Curative and instructive care combined	Not stated
(1)	(2)	(3)	(4)	(5)	(6)
Outlying possessions of the United States..	20	..	6	13	1
Alaska.....	7	..	..	6	1
Hawaii.....	2	..	1	1	..
Panama Canal Zone.....	1	..	..	1	..
Porto Rico.....	3	..	2	1	..
Philippine Islands.....	5	..	1	4	..
Virgin Islands.....	2	..	2	..	..

TABLE 4. AGENCIES SUPPORTED ENTIRELY BY PUBLIC FUNDS, ENTIRELY BY PRIVATE FUNDS, AND BY COMBINED PUBLIC AND PRIVATE FUNDS, BY TERRITORIES

Territory	Total number of agencies	Public funds	Private funds	Combined public and private funds
(1)	(2)	(3)	(4)	(5)
Outlying possessions of the United States....	20	5	10	5
Alaska.....	7	1	6	..
Hawaii.....	2	1	..	1
Panama Canal Zone.....	1	..	1	..
Porto Rico.....	3	..	2	1
Philippine Islands.....	5	2	1	2
Virgin Islands.....	2	1	..	1

HAWAII

The agencies engaged in public health nursing were the Board of Health, employing 13 nurses, and the Palama Settlement, employing 18 nurses: a total of 2 agencies and 31 nurses.

Both agencies were located in Honolulu. The nursing service of the first was available to the whole territory and that of the second to Honolulu only.

Three of the nurses under the Board of Health worked only in Honolulu, so there were 21 nurses doing public health nursing in the city. The remaining 10 nurses worked in the territory outside of Honolulu.

Three nurses gave indirect care to patients and 28 gave direct care to patients, making 9 nurses giving direct

care to one nurse giving indirect care.

Tuberculosis control, preschool (birth to 6 years) and school nursing care were given by the Board of Health. Morbidity care, maternity care (prenatal, delivery, postnatal or any combination), preschool (birth to 6 years), and school nursing care were given by the Palama Settlement.

The Board of Health gave only preventive or instructive care and the Palama Settlement gave curative and instructive care combined.

One agency was supported entirely by public funds and the other agency by public and private funds combined.

The first public health nurse was employed by one agency in 1906 and by the other agency in 1911.

PANAMA CANAL ZONE

The one agency engaged in public health nursing was a chapter of the American Red Cross, which employed one nurse.

This nursing service was located at Camp Gaillard. It was available to two army camps and surrounding territory.

Morbidity care, maternity care (prenatal, delivery, postnatal, or any com-

bination), tuberculosis control, preschool (birth to 6 years), and school nursing were included in the nursing services given. Curative and instructive care combined was given.

This service was supported entirely by private funds.

The first nurse for public health nursing was employed in 1922.

PORTO RICO

The agencies engaged in public health nursing were the American Red Cross,* employing 12 nurses, and 2 nursing services under the Presbyterian Board of Home Missions, employing 2 nurses: a total of 3 agencies and 14 nurses.

The Porto Rico chapter of the American Red Cross had its headquarters at San Juan, with nursing services in Arecibo, Carolina, Comerio, Humacao, Mayaguez, Ponce, San Juan, and Utuada. The Presbyterian Board of Home Missions maintained nursing services at Aguadilla and Mayaguez.

All but two nurses gave direct care to patients, making six nurses giving direct care to patients to one nurse giving indirect care to patients.

The nursing service given by the American Red Cross included morbidity care, maternity care (prenatal, de-

livery, postnatal, or any combination), tuberculosis control, communicable disease control, venereal disease control, and preschool nursing (birth to 6 years). The nursing services of the Presbyterian Board of Home Missions was school nursing.

Curative and instructive care combined was given by the American Red Cross nursing services and preventive or instructive care only by the Presbyterian Board of Foreign Missions nursing services.

The American Red Cross nursing services were supported by both official and private funds and the Presbyterian Board of Home Missions nursing services by private funds.

The dates for employing the first public health nurse were 1916 and 1921.

PHILIPPINE ISLANDS

The agencies engaged in public health nursing were:

Public Health Service, employing 113 nurses

Bureau of Education, employing 10 nurses

Public Welfare Commission, employing 169 nurses

American Red Cross chapter, employing 84 nurses

Philippine Islands Anti-Tuberculosis Society, employing 2 nurses.

A total of 5 agencies and 378 nurses.

All of these agencies were located in Manila but the nursing services were available to other parts of the archipelago; 44 of the 56 provinces had some public health nursing.

Ninety-three nurses worked in the city of Manila, leaving 285 nurses for work in the provinces. The nurses in Manila were under the following agencies:

Public Health Service.....	18
Public Welfare Commission.....	56
American Red Cross.....	19

There were 23 nurses who gave indirect care to patients and 355 nurses who gave direct care to patients, making 15 nurses giving direct care to one nurse giving indirect care.

The nursing services given by the agencies were as follows:

* Nursing service under the American Red Cross was discontinued June, 1924, and taken over by the Insular Department of Health.

<i>Nursing service given</i>	<i>Agencies giving service</i>
Total agencies reporting.....	5
Morbidity care	3
Maternity (prenatal, delivery, post-natal or any combination).....	3
Tuberculosis control	4
Communicable disease control.....	3
Venereal disease control.....	3
Preschool (birth to 6 years).....	3
School nursing	3

Four agencies gave curative and instructive care combined, and one

agency, the Bureau of Education, gave only preventive or instructive care.

Two of the agencies were supported entirely by public funds, two by both public and private funds, and one was supported solely by private funds.

The earliest date for employing the first nurse for public health nursing is 1912, reported by one agency. Three agencies employed their first public health nurse in 1919 and one agency in 1923.

VIRGIN ISLANDS

The agencies engaged in public health nursing were the United States Department of the Navy, employing one nurse, and the American Red Cross, employing one nurse: a total of 2 agencies and 2 nurses.

The first service was located at St. Croix and the work done was principally among the natives, with special emphasis on infant welfare.

The second service was located at

St. Thomas, and the work done was school nursing. Three native nurses, not graduate nurses, were employed by the Department of Education of the Island under the supervision of a white nurse.

The nursing care of both agencies was preventive or instructive care only.

One agency was supported entirely by public funds and the other by public and private funds combined.

Plans for an active campaign for new members and subscriptions are under consideration. With the separation of memberships and subscriptions on January 1, 1927, definite and intensive efforts to stimulate both are needed.

JANUARY 1, 1927

Mark the Day

For on that date THE PUBLIC HEALTH NURSE goes on a straight subscription basis. It will no longer be given with membership in the N.O.P.H.N.

SUBSCRIPTION RATES

To members.....	\$2.00 a year
To non-members.....	3.00 a year

Send in your order by December so that you will get your January magazine.

RED CROSS PUBLIC HEALTH NURSING

EDITED BY ELIZABETH G. FOX

REPAIRING THE DAMAGES OF WAR AND CALAMITY

Foreigners tell us that two features of American life are unique among nations. They are impressed by the enormous volume of humanitarian work of all kinds carried on by the people among each other through voluntary agencies and by the important place voluntary agencies hold in the esteem of the populace and the government. In other lands, broadly speaking, many phases of welfare work accomplished here are as yet undeveloped. Practically all that is done for general welfare is governmental responsibility.

An institution spending nearly twelve millions of dollars a year contributed by millions of members as an expression of good-will to their neighbors, to their countrymen and to mankind the world over is characteristic of America. It is a striking example of the saying that bent as they are on money making, Americans are ready to give it away openhandedly in a good cause.

The annual report of the American Red Cross for the year ending June 30, 1926, is an interesting document. It shows that a trifle over four million dollars went into service to about 83,000 disabled veterans and their families and to 242,000 men in active military service with family and individual problems.

We symbolize the nation's debt to its warriors by showing honor to the unknown soldier entombed in Arlington. We pay it to the known soldier—in so far as a spiritual as well as an economic debt can ever be paid—through the Government and the Red Cross.

Another four millions approximately went into disaster relief in fifty-five disasters in which the Red Cross was the directing agency at home and in fifteen disasters abroad to which it gave aid. Fortunately, no overwhelm-

ing calamity swooped down upon us during the year but the work of rehabilitation following the great middle western tri-state tornado was not completed until this March, just a year after the event.

These are figures of interest to every citizen concerned in repairing the damages of war and calamity. Of more particular interest to nurses are those figures showing the performance of the Red Cross in the realm of health.

Just short of a round million dollars provides or helps to provide 650 or one-fifth of all the existing public health nursing services in the United States. But the 1,800 counties reported in the census as having no public health nursing are a poignant challenge to Red Cross chapters to extend their labors. Sixty-five thousand women and girls have had instruction in home hygiene and care of the sick at a cost of nearly \$150,000. Another \$150,000 went into the instruction of 114,000 children and 4,000 adults in the principles and practice of nutrition, while \$350,000 made it possible for 19,000 individuals to complete training in administering first aid after accidents and 27,000 to learn methods of water life saving. Nearly \$50,000 is required to maintain the enrollment of nurses in readiness for instant use.

Some of us looking at our young nieces and nephews, our neighbors' children, and the youngsters with whom we work in homes and schools wonder what they will make of the world a few years hence when they take our place. Even though our faith in them is unfaltering, we may well be glad that some five million are being strengthened in humanitarian habits and in the ideal of world friendship through the Junior Red Cross. The \$548,000 put into this work seems a

paltry sum compared to the forces for good it sets in motion.

This is the month when the Red Cross calls the annual Roll of its members. Not that this brief and wholly incomplete account of its performances is intended as propaganda; were that our aim we would not rely on cold figures for inspiration but would attempt to picture some of the countless deeds of human kindness done under its banner. Realizing that nurses perhaps know better than most the human stories that lie behind statistics, we do not need to dramatize them in order to make their significance understood. Our object rather is to give a sober accounting of the tangible purposes for which the Red Cross used the contribution of its members this last year.

THE FLORIDA DISASTER

The tropical hurricane which devastated Miami and many other towns on September 18th and laid waste a wide swath of country from the east to the west coast of Florida is the most crushing disaster in the history of American Red Cross relief work in this country, and throws upon it one of the greatest and most difficult relief tasks it has ever had.

At this writing, ten days after the catastrophe, the reports from the devastated area show 6,000 injured, 5,100 homes totally destroyed, nearly 10,000 damaged, and 50,000 homeless. The dead are variously estimated at from 600 to 1,000. One or two towns were completely demolished. The people of the country have contributed about three and a half million dollars thus far for relief.

In addition to the immediate tasks of caring for the wounded and sick, feeding and sheltering the homeless, uniting separated families, and burying the dead, sanitary conditions are necessitating thoroughgoing protective measures, including universal immunization.

The entire medical and nursing force of Florida is in action, augmented by reserves from other states. Olive Chapman is in charge of the nursing service of the Red Cross, aided by Jane Van de Vrede, Charlotte Heilman and a corps of supervising nurses generously loaned by the institutions and agencies employing them. Details of the work will not be forthcoming until the emergency needs are cared for and the less spectacular but equally essential rehabilitation work has begun.

ANNUAL MEETING—AMERICAN OCCUPATIONAL THERAPY ASSOCIATION

The annual meeting of the American Occupational Therapy Association was held in connection with the Convention of the American Hospital Association at Atlantic City, September 27-29, 1926.

Two years ago it was voted to adopt minimum standards for the training of occupational therapists. This year the members voted to establish a national register of qualified aides who must be graduates of accredited schools or otherwise be certified as to ability and experience. When this plan is perfected occupational therapists will be on the same accredited basis as other professions. The course of study in the larger occupational therapy training schools has been lengthened to two years to permit more practical hospital experience.

A progress report was submitted by the Committee on Research and Efficiency on the studies which have been made of craft analysis as a basis for prescription.

Interesting papers were read on occupational therapy in relation to mental illness, orthopedics, tuberculosis, chronic illness, and general and special hospitals.

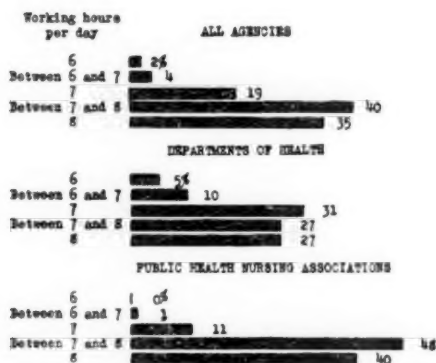
Mr. T. B. Kidner was reelected president and Mrs. Eleanor Clarke Slagle secretary-treasurer. The central office is 370 Seventh Avenue, New York.

The papers given at the meeting will be published in the official magazine, *Occupational Therapy and Rehabilitation*.

POLICIES AND PROBLEMS OF PUBLIC HEALTH NURSING SERVICES

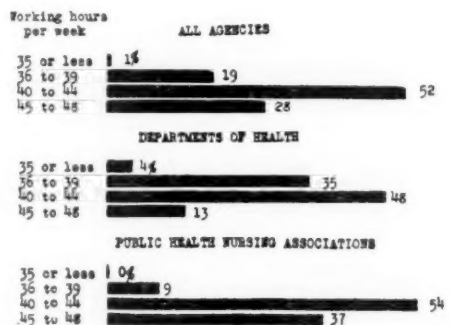
Because of pressure of other material we have been obliged to discontinue the Policies and Problems Department for some months. We have accumulated a number of questions which will be printed in our next number. Information on some of the questions sent to us which have to do with the working time of the nurse, the length of vacation, special holidays and sick leave allowance has been gathered by the Statistical Service. The following answers were prepared from an inquiry into the policies of 179 agencies, including 75 boards of health and 104 public health nursing associations.

Question 1. How many working hours per day?



Per cent of agencies having specified number of working hours per day

Question 2. How many working hours per week?



Per cent of agencies having specified number of working hours per week

Question 3. What time do nurses go on duty in the morning and what time do they go off duty in the afternoon?

On duty	Agencies reporting	Agencies having specified hour		Off duty	Agencies reporting	Agencies having specified hour	
		Bds. of Health	P.H.N. Assns.			Bds. of Health	P.H.N. Assns.
Total	158	58	100	Total	155	58	97
8:00 A.M.	55	17	38	4:00 P.M.	4	2	2
8:15 A.M.	3	..	3	4:30 P.M.	18	13	5
8:30 A.M.	74	23	51	5:00 P.M.	120	41	79
9:00 A.M.	26	18	8	5:30 P.M.	10	2	8
				6:00 P.M.	3	..	3

Question 4. How long are yearly vacations?

Vacation period	Agencies reporting	Agencies having specified vacation	
		Bds. of Health	P.H.N. Assns.
Total	169	68	101
Less than 2 weeks	3	3	..
2 weeks	59	54	5
3 weeks	6	4	2
1 month	101	7	94

Question 5. How long must nurse work before full yearly vacation is given?

Service before full vacation	Agencies reporting	Agencies requiring specified period	
		Bds. of Health	P.H.N. Assns.
Total	154	58	96
12 months	111	45	66
11 months	21	1	20
6 months	22	12	10

Question 6. How is less than a full year's vacation determined?

Plans in effect:

1. Two and one-half days vacation allowed for each month of service.
2. One day allowed for each month of service.
3. Two weeks vacation at end of 9 months of service, 2 weeks additional at end of 12 months of service.
4. Two weeks vacation at end of 6 months of service, 2 weeks additional at end of 12 months of service.

Question 7. How much sick leave with full pay is allowed?

Number of days sick leave	Agencies reporting	Agencies allowing specified days with full pay	
		Bds. of Health	P.H.N. Assns.
Total	121	37	84
More than 1 month	5	5	..
1 month	14	5	9
3 weeks	4	..	4
2 weeks	85	24	61
10 days	8	2	6
1 week	5	1	4

Question 8. How long is the lunch time?

Length of lunch time	Agencies reporting	Agencies having specified lunch time	
		Bds. of Health	P.H.N. Assns.
Total	162	61	101
½ hour	7	2	5
1 hour	133	44	89
1¼ hours	5	3	2
1½ hours	15	11	4
2 hours	2	1	1

*** Plans for allowance for "duty on special holidays"**

1. Day off duty given when convenient to agency.
2. Extra half-day given on regular half-day.
3. Time accumulates and added to vacation period.
4. Whole day and regular half-day off duty given at weekend.

Question 9. What special holidays are allowed during the year?

Special holiday (all day)	Agencies reporting	Agencies allowing specified day as holiday	
		Bds. of Health	P.H.N. Assns.
Number of agencies reporting	86	19	67
New Year's	74	14	60
February 12	8	4	4
February 22	33	10	23
April 19	8	1	7
Good Friday	3	..	3
May 30	45	8	37
June 17	2	..	2
July 4	76	16	60
Labor Day	46	9	37
October 12	10	2	8
Election Day	1	..	11
November 11	7	5	2
Thanksgiving	70	16	54
Christmas	85	19	66

Question 10. What provision, if any, is made for nurse on duty on special holiday?

	Agencies reporting
* Time on duty on special holiday allowed for at another time...	97
Boards of health.....	34
Public health nursing associations.....	63
Time on duty on special holiday not allowed for at another time...	55
Boards of health.....	25
Public health nursing associations.....	30
No one on duty on special holidays.	11
Boards of health.....	11

BOOK NOTES

A POPULAR ENCYCLOPEDIA OF HEALTH

By Dr. Lee K. Frankel and
Dr. Donald B. Armstrong

Albert and Charles Boni, New York, 1926. \$3.50.

Every public health worker knows the danger in "lay" advice, always so freely given and so trustfully accepted. The ever present neighbor who has had nine children and "raised one" knows all there is to be told in regard to every form of disease. Emergencies will arise and the neighbor is the nearest available help. How to protect the susceptible public—the anxious mother—from pernicious, ignorant advice is one of the major problems of the health visitor.

The "Popular Encyclopedia of Health" stands the test in meeting the problem of emergency advice, with its alphabetically arranged headings and carefully prepared information and instruction. But it goes much farther than the first-aid book, for interspersed between the pages on "Convulsions," "Bleeding," etc., there are sections on the various common preventable and communicable diseases introduced in such a way that a growing interest in personal hygiene and public health is aroused. We all know the old-time curiosity manifested in the "doctor book" of earlier times, and how prone the reader was to annex symptom after symptom as he perused its pages. In taking the place of the old family medical book, this new "Encyclopedia" should be a constructive force in building up a wholesome interest in health and in the community resources for health.

MARGUERITE WALES

COMMUNITY HEALTH ORGANIZATION VOLUME

At the American Health Congress in Atlantic City an all-day session was held devoted to a discussion of Community Health Organization participated in by the American Public Health Association, the American Child Health Association, the National Organization for Public Health Nursing, and the Conference of State and Provincial Health Authorities of North America.

The present proposed plans for the organization of the health work of cities of 100,000, 50,000, and 20,000 were presented and discussed by qualified speakers. It has been decided to print in one volume plans of health organization for cities of 100,000 and 50,000 and for a county of 30,000 population based on these discussions.

This volume, which is expected to be ready by November 20th, is being prepared

by the American Public Health Association. Professor Ira V. Hiscock has been entrusted with the task of preparing the manuscript.

It will be uniform in size with the other volumes of the American Health Congress series. To those subscribing in advance of publication the price will be \$1.50—after publication \$2.00 a copy. Order from the American Public Health Association, 370 Seventh Avenue, New York City.

A report of great significance has just been issued by the Children's Bureau, *Maternal Mortality—The Risk of Death in Childbirth and from all diseases caused by Pregnancy and Confinement*—by Robert Morse Woodbury, Ph.D. (Bureau Publication No. 158). It would be difficult to overrate the importance of this piece of research to every one concerned with the immensely varied cause and effect of maternal mortality in the United States.

Here is impressively presented the deaths from puerperal causes in this country, the pathological causes of puerperal mortality, the factors in puerperal mortality and the trend. A section is given to a comparison of maternal mortality in the United States and certain foreign countries which brings out comparative rates and also the significance of the differences in rates. The report concludes with the preventability of puerperal mortality and the prevention of maternal mortality and provides a preventive program, the main outlines of which are:

- Regulation of the practice of obstetrics

- Regulation of public and private hospitals and maternity homes through legal provisions

- Legislation for the control of venereal diseases

- Requiring that puerperal septicemia be made reportable.

- Provision through governmental or public sources of better facilities for training medical and nursing personnel and more adequate clinics, hospitals, and maternity homes.

- Subsidies in aid of State or local activities by Federal or State governments.

- Educational work directed toward informing mothers of the need of adequate maternity care.

This is the barest outline of a document that all public health nurses will want to have for reference as providing the latest and most carefully studied information on a pressing question of national importance. It gives us definite knowledge—however humiliating that knowledge may be—that measures for control of maternal mortal-

ity abroad are more effective than those provided in the United States. Single copies may be obtained free from the Children's Bureau, Washington, D. C. Additional copies from Superintendent of Documents, Government Printing Office, 35 cents per copy.

Lesson Outlines for Maternity Classes is the second in the series of valuable pamphlet publications prepared and published by the East Harlem Nursing and Health Demonstration. (The first of the series, *The Cost of a Program of Health Activities with Special Emphasis on Public Health Nursing*, was noted in the July magazine.) This pamphlet is the result of the practical working plans evolved in the past three years by the nurses and nutritionists of the Demonstration. The lessons as outlined have been given jointly by nurse and nutritionist. The lesson plans themselves are the result of conferences between the two groups. Each lesson has been developed as a separate unit so that the mother who is unable to attend every class may derive some benefit from each lesson. One of the interesting developments has been a monthly session for fathers.

An appendix gives the cost of Maternity Classes during one year, the poster material described and the approximate cost of the teaching equipment. The care which has been given to all factors of maternal education in these lesson outlines makes the booklet particularly helpful not only to nurses but to other health workers. East Harlem Nursing and Health Demonstration, 354 East 116th Street, New York City, price 35 cents.

Papers Read in the Health Education Section of the American Child Health Association at their Third Annual Meeting in Atlantic City is now ready. This is Volume III in the American Health Congress Series. It contains:

Getting Results in the Elementary School, Juliet Bell
Observations in Secondary Schools, Edna Bailey, Ph.D.
Unifying the School Health Program, Daniel J. Kelly.
The Scientific Aspects of School Ventilation, C.E. A. Winslow, Dr.P.H.
School Sanitation from the Standpoint of the School Administrator, John R. McLure, Ph.D.
Lunch Room Facilities and Their Educational Use, Emeline S. Whitcomb
Play Spaces as Health Education Equipment, Clark W. Hetherington

In addition this volume contains the group of papers on Child Health Supervision Through the School published in the September number of *THE PUBLIC HEALTH NURSE*, together with Miss Winifred Rand's paper, How Public Health Nursing May Contribute to the Normal Development of the Child, which appeared in the August number.

Children, a magazine for parents, makes its appearance with the October number, Vol. 1, No. 1, with an imposing list of Advisory Editors and Consultants. George J. Hecht, Chairman of the Board of Editors and President of the Parents' Publishing Association, Inc., which publishes the magazine, says in his introduction "it will serve as a medium for the interchange of experience between mothers and fathers." This number contains articles by Dorothy Canfield Fisher, Helen T. Woolley, Marion Brockway, Ernest R. Groves and Alfred F. Hess, M.D.

The latest information upon the progress of the percentage plans for increased corporate membership dues may be found in the second number of *Listening In*, which has just been published by the N.O.P.H.N. Here are listed all of the associations which have voted increased dues—a notable company. Here also is an illuminating statement from a Community Chest concerning the responsibility of its local member agencies to assist in the support of their national organizations. This is particularly interesting coming coincidentally with the report from the budget committee of the newly organized chest in Providence, R. I., that they have allowed the request made by the District Nursing Association for the full 1 per cent dues which means the maximum payment of \$1,000. Everyone is interested in this question of support of national organization. If you have not seen this second edition of *Listening In* send to the N.O.P.H.N. for a copy.

The third number of *The I.C.N.*, the official organ of the International Council of Nurses, is overflowing with news from many lands. We learn that as a result of the excellent management of the Finnish nurses there was a surplus of 273,000 Finnish marks after the expenses of the International Congress in Helsingfors were paid. Of this 65,000 marks will be applied to the National Pension Fund for Nurses, 65,000 marks to a scholarship fund to enable Finnish nurses to participate in international conferences and 130,000 marks will be given to a building fund for a nurses' club for the Nurses' Association of Finland.

An illustrated article by Miss Isabel M. Stewart on "The Spirit of Nursing in the Light of History" and "Back Block Nursing in New Zealand" are two of the interesting articles. Subscription to *The I.C.N.* is \$1.00, published at 1 Place du Lac, Geneva, Switzerland.

The Annual Report of the Victorian Order of Nurses in Canada has recently come to us. The report of the chief superintendent, Miss Elizabeth Smellie, is full not only of interest but of wise suggestions for future plans and

activities—the suggestion that in isolated single districts if a nurse cannot have a whole day off a month, that at least she have a long week-end in three months is more than reasonable. In her Recommendations, Miss Smellie advises: extension of and more emphasis on prenatal work, more adequate follow-up work on the condition of mothers and babies, extension of communicable disease nursing care, increase in the number of Little Mothers' League Classes and Mothers' Conferences. She also advised the encouragement of occupational therapy for chronics.

The Thirty-fourth Annual Report of Queen Victoria's Jubilee Institute for Nurses has just been received. We note that on January 1, 1926, the number of Queen's Nurses, those in training, village nurses, and midwives was 6,124 in England, Scotland, Ireland and Wales. At the annual meeting of the Institute held at St. James Palace the Minister of Health urged the Queen's Institute to help in the great problem of decreasing the maternal mortality rate. Excellent work has already been done in this direction. For many years, Miss Rosalind Paget has collected information as to the work undertaken by the Institute's midwives, and in 1924, returns were received in regard to 55,828 midwifery cases. The maternal deaths were 87, a rate of 1.5 per thousand. In 1923, the rate was 1.4 and the increase in 1924 was probably due to the epidemic of influenza and pneumonia, 17 out of the 87 deaths being attributed to this cause.

We have received a copy of the *Report of the National Conference* held this year by the Nurses' Association of China, in Nanking. There is an enthusiasm and vigor about this young association in an old land that adds new luster to the history of nursing development in all lands. It is in truth little short of marvelous that in a country which a few short years ago had no word to express the name of nurse, there is now enrolled membership of 1,186. Schools are registered, a curriculum has been prepared and published in Chinese and English, books have been translated and published (an astonishing number of them), a journal successfully launched and carried on for five years, a permanent headquarters has been established in Hankow, and the Association has become a member of the International Council of Nurses—surely notable accomplishments in time so brief and conditions so pioneer.

The report on Public Health Nursing by Miss Cora Simpson shows the fertile field for this work in China. We gain an impression of not only a most profitable meeting but one of real pleasure and comradeship.

Miss Helen Bridge, Warsaw School of Nursing, has prepared a digest of the text of Home Hygiene and Care of the Sick which has been translated into Russian and Korean and recently printed. A book on Dietetics for nurses especially prepared for the Warsaw School has been translated into Polish and will soon be published.

The paper on *Problems Involved in the Grading Program* together with the illustrative charts, given by May Ayres Burgess, Ph.D., director of study, Committee on Grading of Nursing Schools, at the twenty-eighth conference of the American Hospital Association at Atlantic City, will be printed simultaneously in December in *The Modern Hospital* and the *American Journal of Nursing*. This paper was one of the most interesting on the program. All who heard Dr. Burgess talk in May at the American Health Congress on Graphic Presentation of Public Health Nursing will look forward to the opportunity of reading this paper which is of equal interest to public health nurses and institutional and private duty nurses.

Recent English Opinion on Cancer is a handbook of 60 pages just published by the American Society for the Control of Cancer. It consists of a review by Dr. George A. Soper of lectures given in England under the auspices of the Fellowship of Medicine and published in England and New York. The views expressed in these lectures represent the latest and most authoritative facts and opinions of the medical profession in England, and present the points of view of the surgeon, diagnostician, pathologist, research worker, and others in form easily read. Wide circulation is being given by the American Society for the Control of Cancer to this volume, to be followed by others which will review recent American and Continental opinions on Cancer.

The Expectant Mother in the House of Health, The Baby in the House of Health, and The Runabouts in the House of Health—that excellent trio of illustrated booklets prepared by the American Child Health Association, and approved by the N.O.P. H.N. as the Nursing Division of the American Child Health Association, and by the Medical Committee of the Association, have been reissued in a revised edition. All these books give authoritative information in very simple and readable form. Copies may be obtained from the Association at 370 Seventh Avenue, New York City, price 10c each.

Reprints of Dr. John A. Ferrell's article, "The Public Health Nurse and County Health Service," which appeared in the June number, together with the chart which appeared in the July number, are available from the Rockefeller Foundation, 61 Broadway, New York City.

Diphtheria—Curable and Preventable is the title of a pamphlet published by the American Association for Medical Progress. It gives briefly the steps that led to the introduction of antitoxin, and the developments that have followed. Excellently illustrated by charts. This should provide good talking points for nurses, and could be well recommended for wide circulation among intelligent laymen. Single pamphlets can be obtained from the office of the Association, 370 Seventh Avenue, New York, for 5 cents. One hundred at the rate of \$2.75.

The United States Public Health Service Report for July 30, 1926 (Vol. 41, Number 31) contains a Committee Report on Uniform Standard Milk Ordinances. On May 25, 1926, the Standard Milk Ordinance of the United States Public Health Service, slightly modified, was adopted as a standard for the United States by the Conference of State and Territorial Health Officers. This paper discusses the conditions which make such a program advisable, describes the program itself, and the progress made thus far.

The United States Veterans' Bureau *Medical Bulletin* for April, 1926, in its section of Nursing contains an admirable article on public health nursing in the Veterans' Bureau by Elizabeth Dooley, Assistant Superintendent of Nurses, which calls attention to the needs for certain reforms as well as to the excellencies of the service.

Another publication of the United States Veterans' Bureau is *Standardization of Follow-up Nursing Service in Regional Offices* (Tuberculosis Nursing), compiled by Mary A. Hickey, Superintendent of Nurses. Instructions are brief but clear. This pamphlet should be of value to all nurses interested in tuberculosis.

United States Public Health Service Bulletin No. 148 is devoted to Mental Hygiene, with special reference to the Migration of People. Government Printing Office, Washington, D. C. 25 cents.

The Forum for October contains an article by Herbert Hoover on "The Search for the Perfect Child." In its campaign for "definition of terms" *The Forum* has asked for a definition in the space of one hundred words by November first of this "Perfect Child." The chosen definition will appear later. This number also contains four portrait drawings of representative American women by Walter Tittle—Lillian D. Wald, Alice Hamilton, Cecilia Beaux and Willa Cather.

The life of Edward Jenner is the latest addition to the *Health Heroes Series* published by the Metropolitan Life Insurance Company. Included with the story of Jenner's life and his discovery and development of the use of vaccine to prevent smallpox, is an interesting history of inoculation and vaccination as practiced in the earliest times and in various countries. The pamphlet is delightfully illustrated and contains a "map" showing How Smallpox Spreads.

Technique of Hospital Social Service is a pamphlet prepared by a committee of the Associated Out-Patient Clinics, giving fundamental definitions and policies of hospital social service. It can be obtained from the Association at 17 West 43rd Street, New York City.

We have received from the Hospital Information Bureau of the United Hospital Fund of New York a copy of *Directory of Convalescent Homes in New York City and Vicinity*, prepared by Miss Pauline Jordan. The Convalescent Service of the Hospital Information Bureau, 17 West 43rd Street, New York City, offers a copy of this excellently arranged publication to all charitable agencies free. Extra copies can be had for 25c. each.

The Nurses' Association of Korea at its annual meeting in Seoul decided to publish a quarterly bulletin instead of the yearly bulletin which appeared for the first time in 1925.

The 1927 Calendar with the Christmas tree frontispiece by Anna Milo Upjohn and the twelve pages of illustrated poems, is ready. Order from the National League of Nursing Education, 370 Seventh Avenue, New York. Single copies, \$1.00; lots of fifty or more, 75 cents.

NEWS NOTES

THE PUBLIC HEALTH NURSE wants to include notices of state meetings in its News Notes. The editor hopes the organizers of or participants in meetings will be so good as to send in brief and concise accounts of the points covered and objectives outlined, of the subjects of the important addresses and the names of the speakers.

The meeting of the New England Industrial Nurses' Association was held in June at Providence, R. I., with the nurses as guests of the Providence Industrial Nurses' Association. Sixty-three nurses were present. Miss Katherine Leydon, President of the Providence Association, gave an address of welcome and Miss Mary S. Gardner of the District Nursing Association spoke on growth of industrial nursing, asking on behalf of the N.O.P.H.N. what literature is needed for the industrial group.

Dr. John M. Peters, Superintendent of the Rhode Island Hospital, spoke on the importance of the nurse in creating a link between employer and employee. Another speaker was Mr. Zachariah Chaffee, President of the Builder's Iron Foundry, the pioneer organization for industrial nursing in the city. He had warm praise for the industrial nurse and her work, and her contribution to the Americanization of the foreigner, social welfare, economics, home visiting, and prevention and safety teaching. Mr. J. Nelson Street of the Providence Chamber of Commerce was also on the program for an address.

The nurses visited the Gorham Manufacturing Company, one of the oldest and largest silver manufacturing companies in the world, with an exemplary health service. There were several excursions about the city and the feature of the social program was a dinner at Rocky Point where they, together with fifteen members of the Industrial Relations Association, were entertained by the management.

The interest of the industrial firms of Providence in the meeting was made manifest by various gifts to the visiting nurses. The United States Rubber Company presented each one with two rubber aprons, the J. & P. Coates Co. sent two spools of thread and a package of needles to each nurse as its memento, and the United States Finishing Company and Queen Dyeing Company provided each member of the meeting with enough poplin for a uniform.

The Twentieth Annual Meeting of the West Virginia State Nurses' Association was held in Parkersburg, W. Va., from

September 23-25. An important address was delivered by the Rev. John Gass of Charleston, W. Va., on "The Nurse's Place in a Democracy." Mrs. Anne L. Hansen opened the meeting of the Public Health Nursing Section with a discerning address on Standards in Public Health Nursing. At the Laymen's Session Miss Anna Huber, chairman of the York Visiting Nurse Association, York, Pennsylvania, spoke on "The Laymen's Responsibility in Developing Public Health Nursing Programs." Representatives of lay public health organizations from four West Virginia cities, one Ohio city and several rural communities were present. A laymen's round table was also conducted at which the entire responsibility for proceedings was taken by the lay members, although nurses were encouraged to attend. This round table marks the first effort made in West Virginia to get a representative state group of laymen together. It appeared to create considerable interest. The group decided to form a permanent organization, to be known as the State Laymen's Public Health Association, and elected a chairman for the ensuing year. The organization expects later to become a section of the State Public Health Association which is now in process of formation.

Round table discussions were held each morning by each of the sections.

An excellent piece of news is the recent appointment of Cecilia Evans, Director of Public Health Nursing, State Board of Health, Madison, Wisconsin, to act in an advisory capacity to the public health division of the General Federation of Women's Clubs. This should provide almost unlimited opportunities for service and "team-work."

Miss Lyda W. Anderson has been recently appointed Executive Secretary of the Detroit District of the Michigan State Nurses' Association.

Miss Anna L. Stanley, formerly Supervisor of School Nursing, Department of Public Instruction, Commonwealth of Pennsylvania, has been appointed Supervisor of School Nurses of Providence, R. I.

Miss Margaret Brown has resigned as Educational Director of the Public Health Nursing Association of Louisville, to take up work with the State Board of Health in Fulton, New York.

A FOOD CHART

graphic—practical for all health workers

FOOD CHART

FOOD VALUES OF AN AVERAGE SERVING OF CERTAIN FOOD MATERIALS

I. NAME OF FOOD	II. AMOUNT OF ONE SERVING		III. TISSUE BUILDING FACTORS				V. GROWTH AND HEALTH FACTORS			VI. ENERGY FACTORS				
			IV. REGULATORY FACTORS				VITAMINS			DISTRIBUTION OF CALORIES				
	Measure	Weight	Protein	Calcium	Phosphorus	Iron	Water	Sugar	A	B	C	Protein	Fat	Carbo- hydrate	Total Calories

MILK AND MILK PRODUCTS

Milk, fresh, whole	1/2 pt.	12 pt.
Instant Potatoes, made with milk	1/2 pt.	12 pt.
Buttermilk	1/2 pt.	12 pt.
American cheese	1 in. cu.	1 in. cu.
Cottage cheese	1/2 cu.	1/2 cu.
Cream, thin	2 T.	2 T.
Butter	1 lb.	1 lb.
Ice cream	10 cu.	10 cu.

SALAD OILS AND FATS

Olive oil	1 T.	1 T.
Cottonseed oil	1 T.	1 T.
Oleomargarine, beef fat	1 T.	1 T.
Oleomargarine, vegetable fat	1 T.	1 T.

CEREALS AND BREAD

Grape Nuts	1/2 cu.	1/2 cu.
Posto Bran Flakes	1 cu.	1 cu.
Posto Toasties	1 cu.	1 cu.
Corn meal, cooked	1/2 cu.	1/2 cu.
Quinoid, cooked	1/2 cu.	1/2 cu.
Brown rice, steamed	1/2 cu.	1/2 cu.
White rice, steamed	1/2 cu.	1/2 cu.
Macaroni, cooked	1/2 cu.	1/2 cu.
Bread, white, 1 slice	3 1/2 1/2	3 1/2 1/2
Bread, Graham	3 1/2 1/2	3 1/2 1/2
Bread, Boston brown	3 1/2 1/2	3 1/2 1/2

MEAT, POULTRY, FISH, EGGS

Beef, lean, 1 slice, broiled	7 3/4 1/2	7 3/4 1/2
Veal, cutlet, broiled	4 2 1/2 1/2	4 2 1/2 1/2
Lamb, roast	6 1/2 1/2 1/2	6 1/2 1/2 1/2
Bacon, broiled	4 small	4 small
Ham, broiled, 2 slices	4 2 1/2 1/2	4 2 1/2 1/2
Chicken, roast	4 2 1/2 1/2	4 2 1/2 1/2
Fish, lean, broiled	3 1/2 1/2	3 1/2 1/2
Oysters, raw	1 1/2 1/2	1 1/2 1/2
Egg, whole	1	1
Egg, white	1	1
Egg, yolk	1	1

VEGETABLES

Asparagus, cooked	5 1 in. cu.	5 1 in. cu.
Beans, Lima, firm, cooked	1/2 cup	1/2 cup
Beans, Lima, dried, cooked	1/2 cup	1/2 cup
Beans, Navy, boiled	1/2 cup	1/2 cup
Beans, green, string, cooked	1/2 cup	1/2 cup
Beets, cooked	1/2 cup	1/2 cup
Cabbage, raw, chopped	1/2 cu.	1/2 cu.
Carrots, cooked	1/2 cup	1/2 cup
Cauliflower, cooked	1/2 cu.	1/2 cu.
Celery, hearts	1	1
Corn, fresh, cooked	1 1/2 1/2	1 1/2 1/2
Corn, canned	1/2 cup	1/2 cup
Dandelion greens, cooked	1/2 cup	1/2 cup
Lentils, boiled	1/2 cup	1/2 cup
Lettuce	1/2 head	1/2 head
Onions	4 1/2 in.	4 1/2 in.
Parsnips, cooked	1/2 cup	1/2 cup
Peanuts	1/2	1/2
Peas, fresh, cooked	1/2 cup	1/2 cup
Peas, dried, boiled	1/2 cup	1/2 cup
Potatoes, white, cooked	1 med	1 med
Potatoes, sweet, cooked	1 med	1 med
Butterbeans, cooked	1/2 cup	1/2 cup
Squash, cooked	1/2 cup	1/2 cup
Squash, Hubbard, cooked	1/2 cup	1/2 cup
Tomato	1	1
Turnips, cooked	1/2 cup	1/2 cup

EVEN a moment's study of this chart reveals the secret of its value to the health educator, faced constantly with the difficult problem of translating the science of nutrition into simple and fundamental terms. It instantly visualizes the comparative values of different foods—giving all the information needed in planning three meals a day, so clearly and definitely that it can be applied by the average person.

By using as a unit the "serving"—defined in familiar household terms of measurement—the chart eliminates the necessity of elaborate calculation. Data are arranged under the general headings of tissue-building factors, regulatory factors, vitamin content and energy value. The foods included cover the usual American dietary.

Copies of the Food Chart will be sent to doctors and health workers upon request. They are published in a wall size for teaching or exhibit purposes, and in a hand size in two styles.

The charts you require will be sent to you promptly. With them we will include a complete set of other free teaching helps, prepared by the Educational Department as an important phase of the cooperation it offers to health educators. Mail the coupon below.

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P.H.N.—11-26

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NEWS NOTES—Continued

One of the interesting visitors to headquarters recently was Miss Marja Babicka of Poland and a fellow of the Division of Studies of the Rockefeller Foundation. Miss Babicka, during her year's stay in this country has had experience in Toronto, New York, Nashville, and Murfreesboro. She goes back to work with the public health department of Poland to develop public health nursing.

The Annual Regional Conference on Social Hygiene will be held in Atlanta, Georgia, on November 18, 19, 20. The Association hopes to provide throughout a forum for clarifying issues and noting the progress and resources which may be brought to the attention of social workers.

Topics for discussion will be: The Youth of Today: How Their Problems are Being Met; Education and Present-Day Problems of Sex; and Progress in Venereal Disease Control. Among the speakers will be the following: Professor Maurice A. Bigelow, Mrs. Mina C. Van Winkle, Mrs. Anna Garlin Spencer, Dr. Valeria H. Parker, Assistant Surgeon General Thomas Parran, Mrs. Kathleen W. Wooten.

The headquarters of the conference will be at the Hotel Biltmore. A number of entertainment features are being planned by the local committee, and a full program will be issued later.

The meeting of the New Jersey State Organization for Public Health Nursing will be held on November 6th at Camden, N. J.

The American Country Life Association will hold its convention November 10 to 14 in Washington, D. C.

The Annual Roll Call of the American Red Cross will be held November 11 to 25.

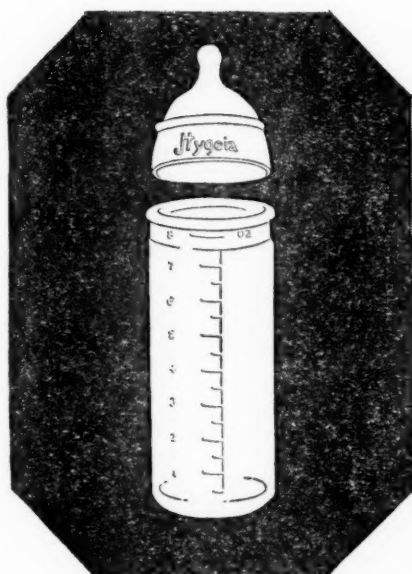
The Christmas Seal Sale of the state and national tuberculosis associations opens November 26.

The second Oriental Red Cross Conference will take place at Tokio in November at the invitation of the Japanese Red Cross Society. Nursing questions will be taken up at a number of the meetings.

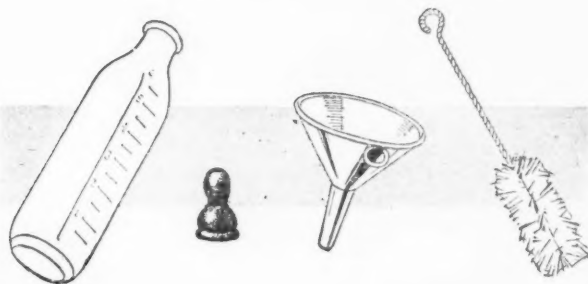
The American Society for the Control of Cancer announced during the latter part of September that its contributions toward its drive for \$1,000,000 had then reached \$426,647.

An interesting feature of the American Legion Child Welfare program is the work that is being done with county officials and children's agents to keep children with their parents or guardians when it is possible and to find foster homes for those suitable for adoption.

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NEWS NOTES—Continued

Yale University has announced that it will conduct a lecture course in mental hygiene beginning with this term and will provide a trained staff with whom students may advise in this field. The work is undertaken with the aid of a \$50,000 appropriation from the Commonwealth Fund to be renewed each year for the next five.

The Russian Central Government has issued an order for a new system of public health work in rural districts. Among its provisions are the following: Free medical and preventive treatment for all working people, measures to diminish infant mortality, welfare work for mothers and infants and children of all ages, instruction for the general public in hygiene, the maintenance in each district of at least one hospital with a maternity ward and baby clinic, day nurseries during the summer, a colony for physically defective children and a traveling health exhibit. We have no news as to whether trained public health nurses will be attached to these admirable enterprises or not.

Following the first Pan-American Red Cross Conference in the Argentine the Women's Central Committee of the Argentine Red Cross organized courses for visiting nurses. The Red Cross in Argentine possesses a Nurses' Home and a central school for nurses, each giving two-year courses of training, graduates from which are recognized by the sanitary authorities of the country. Through the agency of the Red Cross registration bureau, it is interesting to note, thoroughly trained visiting nurses are available as well as those for other types of work.



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